

COMSATS Institute of Information Technology

NOMINATION FORM

"Required under the CIIT General Provident Fund Statutes"

Name:

Designation:

Father's Name:

Name of Spouse:

CNIC:

GPF ID:




Department:

PS/Campus:

I, hereby nominate the person(s) mentioned below, who is/are:

My family member(s) OR Not my family member(s)

as defined in Rule 4 of the General Provident Fund (Central Services) Rules, to receive the amount that may stand to my credit in the Fund, in the event of my death before the amount has become payable or having become payable *(has been paid) and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

Name & Address of the Nominee(s) along with CNIC number(s)	Relationship with the employee	Age/Date of Birth	Percentage of the amount to be paid to each nominee
Name: CNIC: Address:			

Signature of the subscriber:

Signed this ____ day of _____ 20__

WITNESS

Name:

CNIC:

Address:

Signature:

ATTESTATION

Certified, that the above mentioned information is correct as per office record & CIIT statutes.