CHAIRMAN

NHDCL STAFF WELFARE SCHEME

DATE:

SWS Form I/20…./ **Form\_ I**

**DECLARATION OF DEPENDENTS/NOMINATIONS**

I Mr./Mrs./Ms. ……………………………….. hereby declare that the names mentioned below are my nominees.

1. Spouse …………………..………. ID No. …………………………Date of Birth (DoB) ………………….…
2. Childrens: -
3. ………………………………. CID No. ………………………………. . DoB ……………………………
4. ………………………………..CID No. ……………………………….. DoB ……………………………
5. …………………………....… CID No. ………………………………… DoB ……………………………
6. ………………………………. CID No. ………………………………… DoB ……………………………
7. ………………………………. CID No. ………………………………….DoB ……………………….…..
8. Father of member/spouse: -

a……………………………………CID No………………………………….DoB…………………………..….

b……………………………………CIDNo…………………………………..DoB………………………………

1. Mother of member/spouse: -
2. ……………………………….. CID No. ………………………………..DoB …………………………..…
3. ………………………...............CID No…………………………………DoB…………………………..…

5. Member’s own (brothers/sisters)

1. …………………….. …….…..CID No. ………………………………..DoB ………………………….…
2. …………………….. ………....C ID No. ……………………………….DoB ……………………….……
3. …………………….. …….…...CID No. ………………………………..DoB ………………………….…
4. …………………….. …………CID No. ……………………………….DoB ……………………..………

In the event of the demise any of my dependents, benefits as defined in Rules of SWS may be given to me.

I hereby nominate Mr./Mrs./Ms. …………………………………..ID No……………………………….has the right to receive the entire amount that may be payable to me by the SWS 2019 in the event of my death.

ENCLOSE THE COPY OF CID/ MC

Date: ……………………………..

Affix Legal Stamp

Signature

Name:

Address