

Annexure-II- FMCL Dependent Nomination Declaration Form

1. Information of Member

- Full name:
- Position Title:

CID No.:

2. Information of direct dependents:

("Direct dependent" comprises of employee's own parents, spouse, siblings and spouse's parents and, children including legally adopted, one's own grandparents in lieu of his or her own parents)

Sl. #	Name	CID number	Date of birth	Relationship
1				
2				
3				
4				
5				

Attach following documents:

1. Citizenship identity card of the member;
2. Marriage Certificate of the member;
3. Citizenship identity card of dependents (except minors); and
4. Birth Certificate of children (minors).

3. Undertaking:

I, hereby do confirm that the above listed nominees are my authentic direct dependents.

Place:

(Legal stamp)

Date:

Signature

Verified and approved by Member Secretary Staff Welfare Scheme Committee

Place:

Signature

Date:
