

DSOP FUND NOMINATION FORM

**In lieu of IAFA-834
(Issued by AG/PS-23)**

(When the subscriber has a family and wishes to nominate member there of)

I, No. _____ Rank _____ Name _____
hereby nominate the person mentioned below who is a member of my family as defined in Rule 2 of the DSOP Fund Rules to receive the amount that may stand to my credit in the fund, in the event of my death, before that amount has become payable, or having become payable has not been paid.

1	2	3	4	5	6
Name and address of nominee	Relationship, with the individual	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relation ship of the person or person if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the individual of the nominee dying after the death of the individual but before receiving payment of the fund	Amount of share payable to each

This nomination supersedes the nomination made by me earlier, which stands cancelled.

Place:-

Dated :-

(Signature of Subscriber)

Witness :-

1. Signature _____

No. _____ Rank _____ Name _____

2. Signature _____

No. _____ Rank _____ Name _____

COUNTER SIGNED

Place:

Dated:

SECOND SCHEDULE

Rule 9 (i) (c)

Form of nomination when subscriber has no family.

I hereby declare that I have no family and direct that the amount at my credit in the Defence Services Officers' Provident Fund at the time of my death shall, in the event of my having no family at that time also be distributed among the person/s mentioned below in the manner shown against their names.

1	2	3	4
Name and address of the nominee or nominees	Relationship, if any, with the subscriber	Age of the nominee	Amount of share of accumulations

Note:- Column 4 shall be filled in so as to cover the whole amount at credit.

Station:-

Dated:-

(Signature of Subscriber)

No. IC _____ Rank/Name _____

Regt/Corps _____

(Two witnesses signature)

1. _____ Name _____
No _____ Rank _____
Regt/Corps _____

2. _____ Name _____
No _____ Rank _____
Regt/Corps _____