







#### 4. Nomination for Provident Fund (Tire 2) only

Sl. No.	Name of Nominee	CID Number	Date of Birth	Relationship	Share of PF Payable (Percentage %)	Contact No.

#### 5. Consent

**NPPF** takes your privacy seriously and will only process your personal data with your consent and in accordance with the terms stated in our Privacy Notice. If you consent to us collecting and processing your personal data, please sign below:

I, \_\_\_\_\_, (PII Principal's name) confirm that I have been provided with a copy of **NPPF's** Privacy Notice & Terms & Conditions prior to giving consent.

Signature: \_\_\_\_\_  
Time: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby certify that the aforementioned information given herein is true, correct, and complete to the best of my knowledge and belief.

Applicant  
Signature on  
Legal Stamp

**Note: Please enclose copy of Appointment Letter and Citizenship ID Card No.**

**To Be Filled by the Employer**

*This is to certify that the information hereby furnished in respect of Mr. /Mrs. /Ms. is complete and verified from the service record maintained in this office. This information may be used by the NPPF.*

**Name of HRO/Head of Agency/ Gup for LG:** \_\_\_\_\_

**Signature & Seal:** \_\_\_\_\_

**Date:** \_\_\_\_\_