



PAKISTAN  
WATER AND POWER DEVELOPMENT AUTHORITY  
FORM OF APPLICATION FOR ENROLMENT AS MEMBER  
EMPLOYEES PROVIDENT FUND

To Water And Power Development Authority

I, ..... S/o .....  
hereby declare that I have read and understood the rules of the above Fund and agree to become a member thereof and to be bound in all respects by the rules of the same for the time being in force.

I hereby authorise and request you to deduct from my salary/wages such subscription as I may from time to time be liable to pay under and in accordance with the rules, a copy of which has been furnished to me and to pay the same to the Trustees of the said Fund.

1. Full name of the Applicant.....
2. Private Address.....
3. Date of birth.....
4. Nature of employment.....
5. Department/Section.....
6. Date of entry into service of the Corporation.....
7. Present Salary/Wages.....

Dated this ..... day of ..... 19 .....

.....  
Signature of Applicant

.....  
Witness to the Signature  
of the Applicant

.....  
Forwarded to the Trustee

Applicant joined service on.....and is eligible to become a member.

Secretary  
Water and Power Development Authority

Admitted to the benefits of the Fund on.....  
Secretary of the Fund

No. ....

Dated :

Note.—Date of appointment is to be verified by Administration Section of the Department.

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E.P FUND NOMINATION FORM

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FORM "A"

SECOND SCHEDULE

(Rule-32 (d))

FORM OF NOMINATION

(When the Member has a Family)

I, Mr. \_\_\_\_\_ S/o \_\_\_\_\_

Designation \_\_\_\_\_ hereby nominate the person (s) mentioned below who is / are member (s) of my Family as defined in Rule-2 of the Pakistan Water and Power Development Authority Employees Provident Fund Rules, to receive in the events of my death, the amount that may stand to my credit in the manner against his/their names.

I hereby appoint the person (s) named in Column-5 you to receive payment on behalf of nominee (s) who is /are minor (s) OR is/are suffering from a legal disability.

Name & Address of Nominee(s)	Relationship with the member	Whether major or minor or suffering from legal disability state his age	Amount or share accumulations to be paid to each	Name & address of the persons to whom payment is to be made on behalf of the minor or the person suffering from other legal disability	Sex and parentage of person mentioned in Column No.5
1	2	3	4	5	6

Date this \_\_\_\_\_ Day of \_\_\_\_\_ at \_\_\_\_\_

(Signature of Member)

Two witness to signature of the Member who must sign in the presence of each other and in that of the member all being present at the same time.

1. Signatures \_\_\_\_\_

Address: \_\_\_\_\_

Designation \_\_\_\_\_

2. Signatures \_\_\_\_\_

Address: \_\_\_\_\_

Designation \_\_\_\_\_



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GROUP LIFE INSURANCE  
WAPDA EMPLOYEES  
FORM OF NOMINATION

Form "D"

(When the employee has no family)

I, ..... born on .....  
 do hereby nominate the person(s) mentioned below, to receive in the  
 event of my death during my service with Pakistan Water and Power Development Authority, the amount that  
 may be admissible to my dependents under the Group Life Insurance of WAPDA employees in the manner shown  
 against his/their name(s).

I hereby appoint the person(s) recorded in column 4 to receive the benefits available under Group Life  
 Insurance Scheme on behalf of nominee(s) who is/are minor(s) or is/are suffering from legal disability.

1 Name and Address of the nominee(s)	2 Whether major or minor or suffering from other legal disability, if minor state his age	3 Percentage of share to be paid to each	4 Name and address of the person to whom pay- ment is to be made on behalf of the minor or the person suffering from other legal disability	5 Sex and parentage of person men- tioned in Col. 4

Dated this ..... day of ..... 19..... at .....

Signature.....  
 Official Address.....  
 Signature of the employee

Note - Nomination forms without the date of birth of the  
 employee will not be entertained.

Residential Address.....  
 Two witnesses to signature of the member who must sign in the presence of each other and in that of  
 the member all being present at the same time.

Signature .....

Address .....

Designation.....

Signature.....

Address .....

Designation.....

Drawing and Disbursing Officer

(255)

NOMINATION FOR DEATH CUM RETIREMENT GRATUITY, PENSION  
PAY AND ALLOWANCES.

(When the employee has a family & wishes to nominate one).

I, \_\_\_\_\_ s/o \_\_\_\_\_

hereby nominate the person mentioned below, who is member of my family & confer on him the right to receive my gratuity & Pension that may be sanctioned by WAPDA and arrears of my pay and allowances due to me, in the event of my death while in service and the right to receive gratuity pension & pay and allowances on my death which having become admissible to me on retirement may remain unpaid at my death.

NAME & ADDRESS OF THE NOMINEE	RELATION WITH THE EMPLOYEE	AGE	CONTINGENCIES ON HAPPENING OF WHICH THE NOMINATION SHALL BECOME INVALID.	NAME & RELATION SHIP OF THE PERSON IF ANY TO WHOM THE RIGHT CONFERRED ON THE NOMINEE SHALL PASS IN THE EVENT OF THE NOMINEE PREDECESSING THE EMPLOYEE

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_

Witnesses to signature

1. \_\_\_\_\_

Signature of Employee

2. \_\_\_\_\_

.....  
To be filled in by the head of office in the case of subordinate employee.

Nomination by \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_

Signature of head of officer \_\_\_\_\_

Designation \_\_\_\_\_

Caution: This nomination can be cancelled at any time by sending a notice writing to the appropriate Authority alongwith a fresh nomination.