FORM -5

(See Rule 7)

To, Head of Office	20				
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I,	ne pensioner in ca	hereb		_	
Name and address	pensioner		If nominee is minor		
the nominee			Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority	
1	1 2		3		4
Name and address of other nominee in case the nominee under column (1) predeceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority		Contingency on happening of which nomination shall become invalid
Place			Signature (or	thumb-impr	ression if illiterate)
Date		and name of Pensioner.			
Witness: Signature		Address:			
Name & Address :			Signature of Head of Office		
			STAMP		
	Acknowledge	ement to be se	nt by the Hea	d of Office	
Certified that the n whose address is			m		(Name of Pensioner)
Place:					
Date :			Signature of Head of Office		