

Form of Nomination

----- having a family / having no family nominate the under mentioned person(s) who is a / are member(s) of my family to receive the amount from the Electrical Inspectorate Engineers' Welfare Society in the event of my death.

#	Name and address of nominee(s)	Relationship	Age
Contingencies on the happening of the nomination shall become invalid			
Name, address and relationship of the person(s), if any, to whom the right of the nominee shall pass in the event of his / her predeceasing the member or on the happenings of contingencies specified in item above.			
Witness 1			Signature
Witness 2			
For Office use			
Date of application			
Contribution amount			
Receipt Number			
Receipt date			
Whether approved or not			
Membership number allotted			
Date of enrolment			
Date of issue of certificate			

Chairman

Secretary

Treasurer