SOCIAL SECURITY SCHEME OF GICEA

FORM FOR CHANGE IN NOMINATION

From : _____

_____

_____

Date : _____

To,
Hon. Secretary
Social Security Scheme of GICEA,
Nirman Bhvan,
Ahmedabad.

Sub : *Change in Nominee*

I, the undersigned Mr./Mrs./Ms. _____,
FLM/PM No. _____ SSS No. _____, nominate following persons to receive eligible payments of my freternity contribution of SSS of GICEA. I hereby cancel all previous nominations made by me in this respect.

	Name of Principle Nominee : _____ *Address :* _____ _____ *Signature :* _____
	Name of Alternative Nominee : _____ *Address :* _____ _____ *Signature :* _____

This declaration is made today i.e. on _____ (date) _____ (month) _____

Signature of Member

Place :

Date :

SOCIAL SECURITY SCHEME OF GICEA

DECLARATION

To,
Hon. Secretary
Social Security Scheme of GICEA,
Nirman Bhvan,
Ahmedabad.

Sir,

I, Shri/Smt. _____

FLM/PM No. _____ SSS No. _____ here by declare that, the _____ % _____(in words) % of freternity contribution receivable after my death, shall be returned to social security scheme- **"Medical Benovelent Fund"** as a donation.

I am sure, this fund will be utilised for the welfare of the members, of S.S.S. of GICEA.

This Declaration is made to - day i.e. on _____(Date) _____ (Month) 20____.

Signature :

Name :

Place :

Witness :

1. Nominee or Any Member (1) Name :
   FLM No. SSS No.
   Signature :

1. Nominee or Any Member (1) Name :
   FLM No. SSS No.
   Signature :