

COMSATS Institute of Information Technology





Treasurer's Department – Principal Seat

NOMINATION FORM

“Required under Section 17 of the Contributory Provident Fund Statutes, 2006”

Name:	Designation:
Father's Name:	Name of Spouse:
CNIC:	CPF ID:
Department:	Campus:

I, do hereby undertake to abide by the Statutes, and nominate the person/persons mentioned below, to receive the balance in my Contributory Provident Fund in the event of my death:

Name & Address of the Nominee(s) along with CNIC number(s)	Relationship with the Subscriber	Age/Date of Birth of the Nominee(s)	Percentage of the amount to be paid to each nominee	If the Nominee is minor, name of the person/ persons to whom payment is to be made on behalf of the minor
Name: CNIC: Address:				

Signature of the subscriber:

Signed this ____ day of _____ 2011

WITNESS

Name:
CNIC:
Address:
Signature:

ATTESTATION

Certified, that the above mentioned information is correct as per office record & CIIT statutes.
Name:

Signature with Official Stamp
Head of the Department