

2(d)/Second Schedule

BSPIC OFFICERS & EMPLOYEES PROVIDENT FUND TRUST
FORM OF NOMINATION
(When the member has a family)

P.F.No./Staff No. -----

I _____ hereby nominate the person(s) mentioned below is a /are member (s) of my family as defined in Rule 2 of the Bangladesh Sugar & Food Industries Corporation Officers & Employees Provident Fund Trust Rules, to receive in the event of my death, the amount that may stand to my credit in the Fund, in the manner shown against his/ their name(s).

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

Name and address of the nominee(s)	Relationship with the member.	Whether major or minor or suffering from other legal disability. If minor state his age.	Amount or share of accumulation to be paid each.	Name and address of the person to whom payment is to be made on behalf of the minor or the person suffering from other legal disability.	Sex & percentage of person mentioned in column 5.
1	2	3	4	5	6

Dated this _____ day of _____ 200 _____ at _____ No. _____ Signature of Member

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.

1. Signature _____ 2. Signature _____
Name : _____ Name : _____
Address _____ Address _____
Designation _____ Designation _____
P.F.No. _____ P.F.No. _____
Secretary of the Fund

N.B. This column should be filled in so as to cover the whole amount that may stand to be credit to the member in the fund at any time. *Secretary of the Fund*

**BANGLADESH SUGAR & FOOD INDUSTRIES CORPORATION
OFFICERS' & EMPLOYEES PROVIDENT FUND TRUST**

I, _____ Son of _____ hereby declare that I have read and understood the rules of the above Fund 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 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 Fund.

1. Full name of the applicant. : _____
2. Designation. : _____
3. Department/Division(HO) : _____
4. Name of project : _____
5. Permanent Address : _____
6. Date of birth : _____
7. Date of entry into the service of the Corporation (HO) : _____
8. Date of entry into the service of Projects(Name & Date) : _____
9. If he is presently member of any Provident Fund (if so state name of Fund) : _____
10. Present Salary/wages(basic). : Tk. _____
Date, this _____ day of _____ 200

Witness to the signature of the applicants

Signature of the applicants

Forwarded to the Trustees :

Applicant joined service on _____ confirmed with effect from _____ vide
Order No. _____ dated _____ and is eligible to become a H.O.
CPF member with effect from _____ provisionally.

Secretary
Bangladesh Sugar & Food Industries Corporation

Admitted to the benefits of the Fund on _____ provisionally Provident Fund
Account No. _____

Secretary
BSFIC Officers' & Employees Provident Fund Trust.