**DECLARATION OF DEPENDANTS/NOMINATION FORM**

I Mr. /Mrs./Ms. ……………………………………………….do hereby declare that the names mentioned below are my living dependants:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Name** | **CID No.** | **Date of Birth** |
| 1. **Spouse** | | | |
| 1. |  |  |  |
| 1. **Children including legally adopted children (attach supporting documents)** | | | |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 1. **Father (Member/Spouse)** | | | |
| 7. |  |  |  |
| 8. |  |  |  |
| 1. **Mother (Member/Spouse)** | | | |
| 9. |  |  |  |
| 10. |  |  |  |

I attach herewith copies of citizenship ID cards of all my dependants mentioned above and in the event of the demise of any of my dependants, benefits as defined in the Rules of FCBL-SWS may be granted to me.

I hereby nominate Mr./Mrs./Ms. ………....…………………………………………………bearing CID No. …………………………………………whose signature is attested herewith, residing at the following permanent address is:

Affix Legal Stamp

…………………………………………………..

…………………………………………………..

…………………………………………………..

(Nominees Signature)

the right to receive the entire amount that may be payable to me by the FCBL- SWS in the event of my demise. I hereby declare that all information provided above is correct and true to the best of my knowledge.

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Date: …………………………

Verified by…………………………………………………………… (General Secretary)

Verified by …………………………………………………………… (Chairman)