

**DECLARATION OF DEPENDENTS/NOMINATIONS**

I Mr/Mrs/Ms .....hereby declare that the names mentioned below are my living dependents.

**1. Father**

Name.....ID card No.....D.o.B.....

**2. Mother**

Name.....ID card No.....D.o.B.....

**3. Spouse Details**

Name.....Date of Birth.....ID Card No.....

**3. Father of Spouse**

Name.....ID card No.....D.o.B.....

**4. Mother of Spouse**

Name.....ID card No.....D.o.B.....

**5. Children**

Name.....ID Card No.....D.o.B.....

Name.....ID Card No.....D.o.B.....

Name.....ID Card No.....D.o.B.....

Name.....ID Card No.....D.o.B.....

Name.....ID Card No.....D.o.B.....

**Note: You cannot substitute other than the above mentioned nominees irrespective of late or alive.**

In the event of the demise of any of my dependents mentioned above, benefits as defined in Rules of ECSWS may be given to me.

I hereby nominate Mr/Mrs/Ms..... ..and authorized to receive the entire amount that may be payable to me by the ECSWS 2024 in the event of my death.

Name:.....

Designation:.....

Signature:.....

Address:.....

General Secretary: .....