

**The Rubber Board Employees  
Co-operative Society Ltd. No. R. 155**

**KOTTAYAM - 2**

**WELFARE FUND - FORM OF NOMINATION**

I.....M. No..... do hereby  
nominate the person mentioned below to receive the amounts due to me from the Welfare  
Fund in the event of my death before that amount has become payable or having become  
payable has not been paid.

- 1 Name and address  
of Nominee :
- 2 Relationship with  
the subscriber :
- 3 Age.....Male / Female :
4. Conditions, if any,  
for invalidation of  
this nomination :

Dated this.....day of.....20

Signature of  
Subscriber

Name & M. No.

Designation &  
Office address

Witness:

Signature:  
Name & Address