

CHANGE OF GUARDIAN IN RESPECT OF MINOR NOMINEE (Annexure -5)

I, Mr./Mrs./Miss	the member of Private Providen
Fund Scheme, P.F A/c. No	Department/Organization
Dept. Code do hereby	appoint Mr./Mrs./Miss
years, holding Citize	enship ID No
Addressto be the pers	on, to whom moneys shall be paid in the event of
my death in lieu of Mr./ Mrs./ Miss	who was appointed as guardian
of my minor nominee, previously as mentioned	d in Annexure– 2
The Guardianship will automatically be cancelled as soon as nominee attains majority.	
Date	
WITNESS:	
Signature:	
Full Name:	
CID No:	
Address:	(Signature of the Employee)
FOR RICB USE	
Branch Name	Application Received Date
	Employee Name
Received By	Employee ID