FORM 5 [see Rule 7]

To Head of (Place)	Office								
nominate		name	(Na ed below, unde	-		-	etters) hereby vices (Commuta	tion of	
		If nominee is minor							
Name and address of the nominee	Rele- tionship with the pensioner	Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner	Rele- tionship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid	
1	2	3	4	5	6	7	8	9	
Place: Date: Signature (or thumb- impression if illiterate) Witness: Signature: Name and Address: Address: Signature of Head of Office:									
							STAMP		
		Acl	knowledgemer	nt to be sent b	y the Head	d of Office	2		
from			nation has bee		e of Pensio	oner) who	se address		
Place : Date :						_	Signature of Head of Office		

Full Address: