FORM No. 3

NOMINATION FORM

The Kerala Abkari Workers Welfare Fund Scheme, 1990

[*See* sub para (3) in para 26]

I nominate the person/persons named below as heirs for the amount due to me from the fund and for all rights in the fund in the event of my death.

Name and address of the nominee/ nominees	Relationship of nominee with the member	Age of nominee	Amount of share to be given to each nominee
(1)	(2)	(3)	(4)

Place: Signature of the worker

Date: Name, Reg. No. and address.