NOMINATION



The Secretary Ceylon Planters' Provident Society Colombo 5 Please complete one Form 'D' in respect of <u>each</u> nominee

| I | • | (Full Name in block capitals) | | |
|----------------------|---|---|---|---|
| of | | (present address) | who was adm | nitted to membership of the |
| | | | day of | |
| marr | ied hereby nomi | nate | | |
| of | | (address of nominee) | | related to me |
| as the e revol | event of my doke this nomination be | to receive, enjoy an eath whilst still a Member of to on in accordance with the Rules | d be beneficially entitled to my the said Fund subject however to of the said Fund. This nomination I Fund for the benefit of the said | share of the said Fund in o my right at any time to a shall until so revoked be |
| * to l | be deleted where | not applicable. | | |
| (TO | BE COMPLET | ED IF NOMINEE IS A MINOR | | |
| The s | said | (full name of nominee) | | |
| being | g a minor I appo | nt(full name of guardian) | | |
| of | | (address of quardian) | to receive the said shar | re for and on his/her behalf |
| and t | | e said | | |
| | | | ure of Member | |
| | D | ated this day of | 20 | |
| | | I.D. No: | | |
| | | Membership 2 | No: | |
| Witn | ess to the signat | ure and identity of: | | (name of Member) |
| 1. | Witness: | Name | Signature | |
| | Address: | | | |
| 2. | Witness: | Name | Signature | |
| | Address: | | | |
| | rida cos . | | | |
| | Signature of | Nominee/Guardian: | | |
| | I.D. No. | | | |
| | | Signature of Nominee certified | | |
| | Signature of | Member : | | |
| | | | | |

Note: Nomination – If spouse, should be supported with the <u>Original Certificate of Marriage</u>, and, if minor/minors the <u>Original Birth Certificates/Certificates</u>.