FORM 5

[See Rule 7]

Name and address of the nominee	Rela- tionship with the pensioner	If nominee is minor		Name and addrage			Name and address	Contingency	
		Date of birth	Name and address of person who may receive the said commuted value during the nomi- nee's minority	Name and address of other nominee in case the nominee under column (1) pre-deceases the pensioner	Rela- tionship with pensioner	Date of birth if the other nominee is minor	of person who may receive the commut- ed value of pension during the other nominee's minority	on happening of which nomination shall become invalid	
1	2	3	4	5	6	7	8	9	
					1	2000			
Place:						illiterate) a	(or thumb-impression i and name of Pensioner		
Witness: Signature:						Address:			
Name and	i Address:					Signature of Head of Office: STAMP			
			Automobile	dgement to be sent by	the Head o	f Office	SIAM		
Certi	fied that th	ne nomi	nation has been received	d from	inc riead o		(Nar	ne of Pensione	
Place:						Signature of Head of Office Full Address:			