

CERTIFICATE

This is to certify that Shri
.....
an employee of M/s
..... and member of the Employees' Provident Fund and F.P.F.
bearing Account No died on

He has left behind him the following persons being the members of his Family.

Sl. No	Name	Date of Birth/Age	Relationship with Member	Indicate against Minor	
				Guardian Name	Relationship with Member

It is also certified that the above is the exhaustive list of the members of the family of the deceased and that none is left out.

Place :

Date :

Signature of Employer

OFFICE SEAL