



**MEGHALAYA BUILDING & OTHER CONSTRUCTION WORKERS
WELFARE BOARD :: LOWER LACHUMIERE:: SHILLONG
Ph No.: 0364 2501224; Email : mbocwwb@ gmail.com**

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FORM NO. XXVIII

**Nomination Form
(See Rule 272(7))**

I nominate the following person/persons as rightful dependents to receive all the dues from the fund on my behalf and in the event of my death, as rightful heirs to receive all benefits due to me.

Name and address of Nominee/Nominees	Relationship with Member	Age of Nominee	Amount to be given to each Nominee

Place:

Date:

Signature of Worker

Name of Worker: _____

Address of the Worker:

Registration no. of the worker: _____