

**FORM 33**  
**(Prescribed under rule 102)**

**Nomination**

I hereby require that in the event of my death before resuming work,  
the balance of my pay due for the period of leave with wages not availed of shall be  
paid to \_\_\_\_\_ who is my \_\_\_\_\_  
and resides at \_\_\_\_\_.

**Witness:**

**Signature of Worker**

