Gratuity Nomination Declaration

I nominate the people below to receive the gratuity payable to me in the event of my death.

Employee

FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL

PHONE

Nominees

NOMINEE 1 NAME | RELATIONSHIP | DATE OF BIRTH | SHARE (%)

NOMINEE 2 NAME | RELATIONSHIP | DATE OF BIRTH | SHARE (%)

NOMINEE 3 NAME | RELATIONSHIP | DATE OF BIRTH | SHARE (%)

GUARDIAN IF NOMINEE IS A MINOR

If I have a family, the nomination must be in favour of one or more family members as defined in the Act. Shares should total 100%.

- [ ] I will submit a fresh nomination if my family circumstances change.

For HR

RECEIVED ON

RECORDED BY

Signed electronically under the Information Technology Act, 2000.

Employee

SIGNATURE

PRINTED NAME

DATE

HR

SIGNATURE

PRINTED NAME

DATE