Xylem Water Solutions India Private Limited

DECLARATION FOR ASSIGNMENT

l,		_ do hereby ass	sign the mon	iey paya	ıble by Xylem	n Water So	olutions Inc	dia Pvt
Ltd. (Received claim fror	m insurance co	mpany under	group perso	nal acci	dent policy) i	n the eve	nt of my d	eath to
my	(Mention	relationship	with	the	insured)	Mr./	Mrs./	Miss
			and I furthe	r declar	e that his/he	er receipt	shall be su	fficien
discharge to the compan	y.							
Dated this	Day of		201_	_ at				
						Signature	of the Em	ployee
Witness:				Witne	ss:			
Name :			Na	ame :				_
Address:			Addre	ess :				