

Insurance and Other Benefits Nomination Form

(Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

PART A- Employee Details

Sl .No	Details	
1	Name	Jagileti Hariharanandana Goud
2	Father's Name/Husband's Name	J Chandramohan Goud
3	Designation	Staff / Consultants
4	Company's Name	Deloitte Support Services India Private Limited
5	Date of Joining	16-Sep-2019
6	Date of Birth	03-Jul-1990
7	Sex	Male
8	Marital Status	Unmarried
9	Address	# 8/57, MAIN BAJAR, PATTIKONDA, KURNOOL (DIST), ANDHRA PRADESH

PART B – Nominee Details*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the company's policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominee's relationship with member	Date of Birth	% Allocation
J SUJATHA #8/57, OLD TOWN, MAIN BAZAR, PATTIKONDA (POST), KURNOOL DIST, ANDHRA PRADESH	Mother	21-Mar-1964	50
J CHANDRA MOHAN GOUD #8/57, OLD TOWN, MAIN BAZAR, PATTIKONDA (POST), KURNOOL DIST, ANDHRA PRADESH	Father	28-Oct-1958	50

* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled

Date : 06-Dec-2019

Place : HYDERABAD.



Signature of the Employee