

GF_(Employee Code)

Form 'F'

Nomination under Payment of Gratuity Act, 1972 [Rule 6(1)]

The Trustees

Accenture Employees Group

Gratuity cum Life Assurance scheme.

Name		Father Name/ Husband Name		Sur Name	
Sex		Employee Code			
Religion		Martial Status			
Date of Birth		Permanent Address:			
Date of Joining					
I hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the names(s) of the nominee(s).					
Sr.No	Name in Full with full address of Nominee/s	Relationship with the Employee	Age of Nominee/s	Proportion by which Gratuity will be shared	
2. I have no family and should I acquire a family hereafter, the above nominations shall be deemed to be cancelled and fresh nominations in favor of one or more of my family members shall be provided by me. 3. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section 2 of the payment of Gratuity Act, 1972. 4. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act. 5. (a). I hereby certify that my father/mother/parents is/are not dependent on me. (b). My husband's father/mother/parents is/are not dependent on my husband. 6. I have excluded my husband from my family by a notice datedto the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act. 7. Nomination made herein invalidates my previous nomination. • Strike out the words/paragraphs not applicable..					
Dated this _____ day of _____ 2017 at _____					

<p align="center">Declaration By Witnesses Nomination signed/thumb impressed before me.</p>		
Name in full and full address of witnesses	Signature of witnesses	
1. _____	1. _____	
2. _____	2. _____	
Place: _____	Date: _____	Signature of Employee
CERTIFICATE BY THE EMPLOYER		
Certified that the particulars of the above nomination & declaration have been verified and recorded in the establishment.		
Place:		<p align="center">Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.</p>
Date:		
ACKNOWLEDGMENT BY THE EMPLOYEE		
Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.		
Place:		<p align="right">Signature of Employee</p>
Date:		
GF_		