Nomination form for other Benefits

Accenture Solutions Pvt. Ltd, Plant 3, Godrej & Boyce Complex, Pirojshanagar, Vikhroli (West), Mumbai – 400 079.

Name		Father Name/ Husband Name		
Employee	Date of birth		Date of Joining	
Code				
Gender		Marital Status		

I hereby nominate the person(s) mentioned below to receive all my dues after my death in proportion indicated against the name(s) of the nominee(s).

Group	Personal	l accid	lent
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Sr.No	Full Name of the Nominee	Relationship with	Age of the	Share of compensation
		Employee	Nominee/s	to be paid to nominee (%)

Full & Final payments (ie unclaimed reimbursement, unpaid salary, leave etc)

Sr.No	Full Name of the Nominee	Relationship with	Age of the	Share of compensation
		Employee	Nominee/s	to be paid to nominee (%)

Employees Deposit Link Insurance

Sr.No	Full Name of the Nominee	Relationship with	Age of the	Share of compensation
		Employee	Nominee/s	to be paid to nominee (%)

American Express Corporate Credit Card

Sr.No	Full Name of the Nominee	Relationship with	Age of the	Share of compensation
		Employee	Nominee/s	to be paid to nominee (%)

Group M	<u>edicla</u> im							
Sr.No	Full	Name	of the Nominee	Relationship	with	-	Age of the	Share of compensation
				Employe			lominee/s	to be paid to nominee (%)
Future Se	rvice Lial	bility						
Sr.No			e of the Nominee	Relationship	with	l A	Age of the	Share of compensation
				Employe			lominee/s	to be paid to nominee (%)
Overseas	Travel In	suran	ce					
Sr.No			e of the Nominee	Relationship	with	, A	Age of the	Share of compensation
				Employe			lominee/s	to be paid to nominee (%)
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Group Te	rm Life Ir	surar	nce					
Sr.No		Full Name of the Nominee		Relationship with		<i>I</i>	Age of the	Share of compensation
				Employe			lominee/s	to be paid to nominee (%)
						,		
Declara	tion by	Witn	esses:	'				,
Name	<u>,</u>				Name			
Employe	e code					yee code		
Signatur						nature		
Place					Place			
Dated					Dated			
		1					<u> </u>	
Employe	e Code				17	ocation		
	ee Signati	ire			Date			
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					=			
				Certificate by	tne Em	ployer:		
Certifie	d that th	ne abo	ove nomination as	declared by the em	ployee i	s taken oı	n record.	
Place								
				Signature of Au	ıthoriza	ad Sionat	orv	
Date				_				
			1	For Accenture	SUIUTIO	iis PVt. Li	ıu	
ON_(E	mploye	e No)					
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