



721, NILA, Technopark Campus, TRIVANDRUM

Insurance - Nomination Form

Group Policy Holder(Employer) Name	US Technology International Private Limited		
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Member Employee Details – To be completed by a member employee at the time of joining the Employers' Group.

1. Full Name of Employee	Mallika Wadhwa				
2. Date of Birth (DD/MM/YY)	12/10/1993	3. Gender	Female		
4. Marital Status	Married				
5. Employee ID	UST/29182358/6708246				
6. Permanent Address (Number, Street, City, State, Pin Code)	A-14, Madhuban Colony, Raj Nagar, Jalandhar Punjab	Near Achar Factory	144021		
7. Nominations					
In the event of my death, I wish my benefits under the above mentioned Group Policy be apportioned between my nominated beneficiary (ies) as follows. The following nomination invalidates all such nominations made prior to the date of this nomination.					
S.No.	Nominee Name	Date of Birth	Relationship	% of Benefit	Appointee Details in case the Nominee is a Minor
	Rahil Kumar	23/02/1992	Husband	100%	Sahil Kumar
Total Percentage of Benefits				100 %	
Signature of Employee:		Date:	06/02/2021		
		Place:	Jalandhar		

