

GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Rajesh Juvvalapati		
2	Father Name	Ramanaiah		
3	Husband Name			
4	Date of birth	15/07/1990		
5	Date of Joining	09-01-2019		
6	Designation	Associate - Projects		
7	Gender	Male		
8	Marital Status	Single		
9	Permanent Address	Permanent Address Velagalaponnuru VillageSulluru Peta mandalNellore Distic Sulluru Peta Andhra Pradesh India		
10	Present Address	Flat No:B4,Shanthai HeightsHinjewadi ChowkHinjewadi ChowkNear Hanuman Temple pune Maharashtra India		

DETAILS OF NOMINATION

Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
1	Juvvalapati Ramanaiah, Velagalaponnuru Village, Sulluru Peta Mandal, Nellore Distic, Andhrapradesh-524121	Father	10/08/1964	50
2	Juvvalapati Rajeswari, Velagalapaonnuru Village, Sulluru Peta Mandal, Nellore Distic, Andhrapradesh-524121	Mother	08/07/1974	50
3				
4				
5				

ASSIGNMENT

I, do hereby assign the amount payable by the Insurance Service Provider of my employer, in the event of my death to the nominee(s) with the respective percentage of share, as nominated by me in the "Details of Nomination". I confirm that in the event of the death of the assigned named herein, percentage of the amount shall be equally distributed and become payable to my Legal Heirs.

DECLARATION

I hereby declare and confirm that, this "Nomination" is executed by me willingly and as my free and voluntary act for the purposes herein expressed, with sound mind, and under no constraint or undue influence from any person whomsoever. I hereby declare that my nominee(s) "Affidavit & Indemnity Bond" shall be sufficient to discharge the amount payable by my employer.

Witness	
Name	Kannan Mahalingam
Signature	H-On
Address	

DATE: 09-01-2019

✓ The document is digitally certified/signed by Rajesh Juvvalapati on Nov 23 2018 06:41 (GMT) hence doesn't require physical signature and is effective from Jan 9 2019

Signature of the subscriber