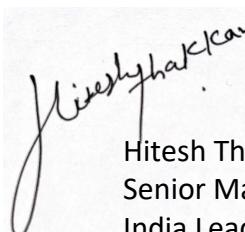


FORM Q
 [See Rule 24(9A)]
APPOINTMENT ORDER

1. Name & Address of the Establishment	Accenture Solutions Pvt. Ltd. Plant 3, Godrej & Boyce Complex, Pirojshanagar, LBS Marg, Vikhroli (West), Mumbai - 400079, INDIA
2. Name & Address of the Employer (Joining Location)	Bengaluru
3. Name of the Employee	MANTHAN BHAGTANI
4. His/Her Postal Address	
5. His/Her Permanent Address	127/656 w-1
6. Father/Husband Name	Father: AJIT KUMAR BHAGTANI
7. Date of Birth (dd-mm-yyyy)	15/10/1998
8. Date of his/her entry into employment. (DOJ – dd-mm-yyyy)	02/09/2024
9. Designation (Career Level)	10
10. Nature of work entrusted to him/her (Role)	Custom Software Engineering Sr Analyst
11. His/Her serial number in the Register of employment (CID)	A639856
12. Rate of wages payable to him/her	Refer to annexure 1 of the Offer Letter.
Place: Bengaluru	 Hitesh Thakkar Senior Manager India Lead – Employee Services, HRSS India
Date: 02/09/2024	
Acknowledgement by the employee with date & signature	Accenture Solutions Private Limited

Form 'F'

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

The Trustees

Accenture Employees Group

Gratuity cum Life Assurance scheme.

Name	MANTHON	Father Name/ Husband Name	Father: AJIT KUMAR BHAGTANI	Sur Name	BHAGTANI
Sex	MALE	Employee Code		-1	
Religion	HINDU	Martial Status		single	
Date of Birth	15/10/1998	Permanent Address:	127/656 W-1		
Date of Joining			02/09/2024		

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
1	MANISHA BHAGTANI	MOTHER	52	100

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 02 day of 09 2024 at BENGALURU

Declaration By Witnesses
Nomination signed/thumb impressed before me.

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: _____

Signature of the Trustee/Authorised person

Date: _____

For Self and co-Trustees of Accenture
Employees Group Gratuity cum Life Assurance scheme.

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.

Place: _____

Signature of Employee

Date: _____

GF_-1

ON_-1

Nomination form for other Benefits

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

Name	MANTHON BHAGTANI		Father Name/ Husband Name	Father: AJIT KUMAR BHAGTANI
Employee Code	-1	Date of birth	15/10/1998	Date of Joining 02/09/2024
Gender	Male		Marital Status	single

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 accident

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

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

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Employees Deposit Link Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

American Express Corporate Credit Card

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Group Mediclaim

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Future Service Liability

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Overseas Travel Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Group Term Life Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Manisha Bhagtani	Mother	52	100

Declaration by Witnesses:

Name		Name	
Employee code		Employee code	
Signature		Signature	
Place		Place	
Dated		Dated	

Employee Code	-1	Location	Bengaluru
Employee Signature		Date	02/09/2024

Certificate by the Employer:

Certified that the above nomination as declared by the employee is taken on record.

Place	Bengaluru	Signature of Authorized Signatory For Accenture Solutions Pvt. Ltd	
Date	02/09/2024		
ON_-1			