

The Payment of Gratuity (Central) Rules, 1972:
F O R M - F
[See sub-Rule (1) of Rule 6]

Nomination

To
M/S.Maxwell Logistics Private Limited
Cop. & Regd. Office -Surya Towers,7th floor,105,
S.P.Road Road,Secunderabad-500 003.

1. I, Shri / Shrimati / Kumari (Employee Name)
whose particulars are given in the statement below, 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
name(s) of the nominee(s).

2. 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.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4. (a) My father/mother/parents is/are not dependent on me

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso
to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

NOMINEE(S)

Name in full with full address of nominee(s):	Relationship with the employee	Age of nominee:	Proportion by which the gratuity will be shared:
1	2	3	4

STATEMENT

1. Name of employee in full:	
2. Sex:	
3. Religion:	
4. Whether unmarried.married/widow/widower:	
5. Department/Branch/Section where employed:	
6. Post held with Ticket No. or Serial No. if any:	
7. Date of appointment:	
8. Permanent address:	

Village Thana Sub-Division
Post Office District State

Place:

Signature/Thumb impression of the employee

Date:

Declaration by witnesses:

Nomination signed/thumb impressed before me:

Signature of witnesses:

Name in full and full address of witnesses:

1

1

2

2

Place:
Date:

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Date :

signature of the employer