

## LARSEN & TOUBRO OFFICERS AND SUPERVISORY STAFF PROVIDENT FUND

## **NOMINATION FORM**

(Rule 26 and 27)

Form No.2

Psno : 10683746

Request No. : 22WF12019019 Mobile No. : 8897472960



FULL NAME IN CAPITAL LETTERS			DEPT. NAME	DEPT. CODE	
NIKITHA SIRIKONDA			204TE	204TE	
SEX	RELIGION	MARITAL STATUS (Married, Unmarried, Widow, or Wid	ower)	DATE OF BIRTH	
Female		Unmarried	May 31 2000		
DEDMANENT ADDRECS					

## PERMANENT ADDRESS

\_

I, hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the Fund. In the event of my death before that amount becomes payable, or having become payable, has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:

PAYSHEET NUMBER 10683746		<b>LOCATION</b> VASHI	REGION LARSEN & TOUBRO INFOTECH LIMITED.				
SLNO	NAME & ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.)		RELATION DESC	SHARE %	Age of Nominee	EMPLOYEE'S FATHER'S/HUSBAND'S NAME	F/H CODE #
1	SIRIKONDA ARU H.No:7-177/2, JP Colo Patancheru, Sangaredo	ny,Patancheru,Road no3,	MOTHER	100	46		F

<sup>#</sup> In this column fill either F or H Codes where F = Father & H = Husband

Please refer definition of "Family" on Page 2.

**-1-** P.T.C

<sup>\*</sup> This column should be filled in so as to cover the whole of the amount that may stand to the credit of the member in the Fund which is payable in the event of his death.

I hereby direct that in the event of my death during the minority of my above named nominee, the person whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of Rule27 of the Fund.

Name & Address of the guardian	Relationship of the Guardian with the member

Delete if not necessary: 1. Certified that I have no family and should I acquire a family here-after, the above nomination should be deemed as cancelled.

2. Certified that My father/mother/sister(s)/minor brother(s) is/are dependent upon me.

<b>Dated:</b> Jul-28-2021	(Signature of the member)	
Name and signature of two witnesses: 1. Signature	2. Signature	
Name _	Name _	
Certified that the above declaration has been signed before after he/she has read the entries/the entries have been re-	•	
Dated (Sig	nature of the Trustee or any person authorised by th	ne Trustee in his behalf )

N.B.: For the purpose of Rule 26 and 27," Family" means the employee's spouse ,his legitimate children and step children and dependent parents ,sisters and minor brothers.