

**Employee code 551709****APPENDIX for Gratuity Nomination Form**

The Trustees of **DELOITTE & TOUCHE ASSURANCE & ENTERPRISE RISK SERVICES INDIA PRIVATE LIMITED** Employees' Gratuity Scheme.

Dears Sirs,

I Reshma Begum a member of the Employees' Gratuity Scheme hereby agree to abide by the Rules of the said Scheme and do also hereby appoint in terms of Rules 17 of the Rules, the Nominee/s mentioned hereunder to receive the benefits, payable under the Scheme, in the event of my death before that amount becomes payable and having become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me, shall be paid to the said Nominee/s in proportion indicated against their respective names as given below:

Name and Address of nominee or nominees	Nominee's relationship with the employee	Age of Nominee	Amount or share of accumulations to be paid to each nominee
Arham Mohammed Plot no 171 Harivillu Township Beeramguda Hyderabad	Son	4	100

I hereby certify that the person(s), mentioned herein above is/are my wife/children/lawfully adopted child/dependent parents/husband.

- I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed as cancelled.
- My father/mother/parents/sister(s)/minor brother(s) is/are/are/not dependent on me.
- My husband's father / mother / parents is /are / not dependent on me.  
( Strike out whichever is not applicable )

I also declare that this appointment of Nominee/s made herein shall have the effect of my revoking the appointment of Nominee/s made by me earlier.

**I GIVE BELOW THE PARTICULARS ABOUT MYSELF:**

- Full Name : Reshma Begum.
- Sex : Female.
- Father's Name : MA Rahaman.
- Husband's Name  
(For married women only) :
- Marital Status : .( whether married, unmarried, widow or widower )
- Date of Birth : 25-May-1988
- Permanent Address : Hno 5-29/32 Mathanagar Kodad Suryapet Dist

Signed at ..... this ..... Day of ..... 2020

Signature of Member (Employee).

TWO WITNESSES TO THE SIGNATURE:

	Name	Address	Signature
1.			
2.			

**NOTE:**

- 1** Where an Employee/Member has a family at the time of appointing a Nominee the Nomination should be made in favor of members of his family only. Any nomination made by such employee in favor of any other persons not belonging to his family shall be invalid.
- 2** An appointment of Nominee made by the Member may be changed at any time, after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee) the interest of the Nominee shall revert to the Member (Employee) or his estate.
- 3** The appointment of Nominee on any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
- 4** For the purpose of this Rule family means the employee's spouse, legitimate children/step children deceased son's widow, deceased son's legitimate children / Step children, dependent parents/ sisters/ minor brothers and the dependent parents of the employees spouse.