

Insurance and Other Benefits Nomination Form

(Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

PART A- Employee Details

SI .No	Details	
1	Name	Reshma Begum
2	Father's Name/Husband's Name	MA Rahaman
3	Designation	Sr Staff / Sr Consultants
4	Company's Name	Deloitte & Touche Assurance & Enterprise Risk Services India PrivateLimited
5	Date of Joining	08-Jul-2019
6	Date of Birth	25-May-1988
7	Sex	Female
8	Marital Status	
9	Address	Hno 5-29/32 Mathanagar Kodad Suryapet Dist

PART B – Nominee Details*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the company's policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominee's relationship with member	Date of Birth	% Allocation
Arham Mohammed Plot no 171 Harivillu Township Beeramguda Hyderabad	Son	10-Oct-2016	100

* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled

Date : 06-Apr-2021

Place : HYDERABAD.

Signature of the Employee