

FORM 'F'  
[See sub-rule (1) of Rule 6]  
NOMINATION

The Trustees

.....  
(Name of the Entity)  
Mumbai

1. Ms./Mrs./Miss \_\_\_\_\_  
(Name in Full)

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) nominated is a/are member(s) of my family with meaning of clause (h) of section 2 of the Payment of Gratuity Act, 1972/ Rules of Pfizer Limited Officers' Gratuity Fund.

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) (1)	Relationship with the employee (2)	Age of (3)	Proportion by which the gratuity will be Shared (4)
1.			
2.			
3.			
4.			

### STATEMENT

1. Name of the employee in full: \_\_\_\_\_
2. Sex: \_\_\_\_\_
3. Religion: \_\_\_\_\_
4. Whether unmarried/married/widow/widower: \_\_\_\_\_
5. Department : \_\_\_\_\_
6. Employee Id : \_\_\_\_\_
7. Date of Appointment: \_\_\_\_\_
8. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Place:

Date:

Signature/Thumb, impression  
of the Employee

### Declaration by Witnesses

Nomination signed/thumb-impressed before me.

Name in full and full addresses of the witnesses

Signature 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.

Employer's Reference No., if any .....

Date:

Signature of the employer/officer authorised  
Designation

### Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date:

Signature of the Employee