

NOMINATION FORM

Emp.Code No.

To

M/s. HCL Technologies Limited**A-11, Sector-16****Noida - 201 301**


1. I, Mr/Ms. C ROOPA . (Name in Full here) , hereby nominate the person(s) mentioned below to receive the benefits under the Term Life and Group personal accident Policy , payable after my death in proportion indicated against the name(s) of the nominee(s).
2. This document supercedes any previous nominations.

NOMINEE (S)

Name of nominee/nominees	Address of Nominee	ID No.	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Insurance amount will be shared	Name of Guardian (In case nominee is a minor)
C SREENIVASULU	4-12, CHINTHA KUPPAM, RAMAKUPPAM, CHITTOOR DIST517401		Father	57	100	

Note : * ID No. could be either Passport No. / Driving License No. / Voter's ID No. / PAN Card No

Signature_____

Name of the employee in Full	<u>C ROOPA .</u>
Father's / Husband's Name	_____
Residential Address	<u>C/O : , DOOR#896, SRIVARI NILAYAM, 5TH MAIN,</u> <u>,TULASI THEATER RD,</u> <u>MARATHAHALLI,BANGALORE,BANGALORE,</u> <u>Karnataka,India,</u> <u>560037, Telephone No :</u>
Gender	<u>Female</u>
Marital Status	<u>Single</u>
Date of Birth	<u>12/01/1994</u>
Designation	<u>NA</u>
Emp. Code No.	
Date of Appointment	<u>01-Aug-2022</u>
Place	<u>Bengaluru</u>
Date	<u>01-Aug-2022</u>
 Signature or thumb impression of the Employee	
DECLARATION BY WITNESSES	
Nomination signed/thumb - impressed before me	
Name in full and full addresses of witnesses	
1 <u>Varsha,chennai,,Tamil Nadu,CHENNAI ,603202</u>	
2 <u>sumithra ,CHENNAI,,Tamil Nadu,CHENNAI ,603202</u>	
<u>Signature of witnesses :</u>	
1 _____	Date: <u>01-Aug-2022</u> Place: _____
2 _____	Date: <u>01-Aug-2022</u> Place: _____