FORD MOTOR PRIVATE LIMITED

PERSONNEL FILE CHECKLIST

Name: SUDHARSAN ANNAMALAI

GPID: MQ25JB05 CDSID: SANNAMI7

Joining Salary Grade: SU5

Designation: Analytics - Software Analyst

Department: IT

DOJ: 08th April 2024

#.	Particulars	Available
Documents collected from recruitment		
1	Application form	Yes
2	Resume	Yes
3	Assessment papers	Yes
4	Salary fitment sheet	Yes
5	Medical reports with fitness certificate / Self Declaration	
Documents collected from new joinees		
6	Acknowledged letter of appointment	Yes
7	Highest Qualification Proof- Degree/ Consoilidated MarkSheet	Yes
8	Previous employment certificates - relieving /experience / service letter	Yes
9	Identity & address proof -any document that is authorised by the Government	
Joining forms collected from new joinees		
10	Employee consent for data transfer declaration	Yes
11	Standard of corporate conduct	Yes
12	Zero tolerance declaration	Yes
13	Company benefits nomination & declaration form	Yes
14	Medical Insurance	
15	Gratuity Form F : nomination	
16	PF Form 2: nomination & declaration	Yes
17	PF Form 11: employment declaration	Yes
18	ESI Form 1: declaration	
19	Transfer Letter	
20	Joining Form	Yes

Sudharsan Annamalai

Checked & Verified by

Name & Signature

Joining Form

I SUDHARSAN ANNAMALAI (NAME) residing at Navarindhampatti (vill), Natham(p.o), Tirupathur; pin: 635654. (permanent address) hereby declare that my official date of Joining Ford Motor Private Limited/ Ford India Private Limited/ Ford Credit India Private Limited / Ford Smart Mobility India Private Limited is 08th April 2024 when my duties as full time employee of the organization will commence. I also declare that I have formally been relieved from services of my previous employer before the above-mentioned date.

I agree that any previously agreed date of joining shall stand cancelled and only the date mentioned above shall be considered as my official date of joining. I further agree and understand that my compensation and employee benefits shall be calculated from the date of joining set forth above.

A. S

Employee Signature

Name: SUDHARSAN ANNAMALAI.

CDSID: SANNAMI7

GPID: MQ25JB05.

Date : 08/04/2024.

Time:

Note: The above mentioned date will be your official date of joining in all your employee records

Annexure A (details for empaneling Salary account)

- **Name:**
  SUDHARSAN ANNAMALAI.
- **Fathers Name:**
  ANNAMALAI A.
- **Address:**
  - Line 1 Nosarindhampatti (vill), Natham (post)
  - Line 2 Tirupathur
  - Pin code 635 654.

- **Salary Account Bank Details:**
  - Name of the Bank:
    INDUSIND BANK.
  - Address of the Bank:
    Nelson Manickam Road, Nandanam, Chennai
  - Branch Name
    Nandanam.
  - Branch number:
  - IFSC Code:
    INDB0000860
  - Account Number: 100045300412.

Annexure B

Do let us know how you got to know about Ford...

Employee Referral	☐	Mention employee name	_____
Walk-in	☐	Date of event	_____
Recruiter	☑	Recruiter name	RPO Consultant.
Portals	☐	Portal/ social media	_____
Others	☐	_____	

Name :

GPID:

EMPLOYEE CONSENT FOR DATA TRANSFER
DECLARATION FORM

I, an employee Ford Motor Private Limited with its registered office at Plot Nos. 13,15 and 16, Survey No. 602/3 part, ELCOT IT/ITES SEZ, Sholinganallur, Chennai, Tamil Nadu 600 119 INDIA have read and understood the below description of the requirements of the Standard Contractual Clauses related to Directive 95/46/EC.

In my capacity as an employee working in Ford Motor Private Limited, I will, to the best of my ability, comply with the Standard Contractual Clauses as described in the responsibility of employees in order to adduce adequate safeguards with respect to the protection of privacy and fundamental rights and freedoms of individuals for the transfer by the data exporter to the data importer of any personal data.

Further, I agree that Ford Motor Private Limited may collect, handle, use, process and store my personal information and data for all purposes related to my employment during the term of my employment with Ford Motor Private Limited and till such period as required by Ford Motor Private Limited's business policies.

Further, I authorize Ford Motor Private Limited to transfer such information and data for all purposes relating to employment to Ford affiliates globally and to authorized third parties located within or outside India, including to countries that have only limited or no data protection laws (including, without limitation to the United States of America), provided that Ford Motor Private Limited and its affiliates remains responsible for ensuring that the information is held securely.

Resposibility of Employees

- *If you work with or handle personal information about individuals belonging to the European Union, you must know and follow the European Union's data protection rules.*
- *Do not collect personal data unless you are certain that the concerned person has agreed to you to do so.*
- *Make sure the person knows why you are collecting the information.*
- *You are expected to follow all appropriate safeguards when collecting, working, storing or by any other means, handling personal information about individuals. These include*
  - *encryption of any e-mail communication,*
  - *handling hard copy documents in closed covers/ folders and storing documents containing personal information under lock and key,*
  - *storing and transmitting the data on secure servers.*
- *Employees personal data should be carefully controlled and not distributed or shared without legitimate business reason.*
- *Do not transfer personal data to others unless you are certain that it is permissible do so as provided in your desk procedures. When in doubt check with your supervisor/manager. Promptly inform your manager/supervisor about any change/ updation required in the desk procedures*
- *Understanding and agreeing to the data protection principles, employees (new and existing) are to submit a data protection declaration to the Company. This is a requirement as per the contractual responsibilities of the company with its customers.*

A. [illegible]	04	08	2024.
Employee Signature	Month	Day	Year

This Is Our
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To Deliver
Ford

Name :

GPID:

ZERO TOLERANCE

William Clay Ford, Jr.
Chairman of the Board
Chief Executive Officer

Inter Office

Directive 8-110
November 9, 2004

Corporate Officers
Executive Employees
Persons Designated by the Above

Directive: Anti-Harassment - Zero Tolerance

The Purpose of this directive is to reiterate the Company's prohibition of harassment and its commitment to fostering a respectful, inclusive work environment. It is the responsibility of all Ford employees to assist the Company in achieving this important commitment. To that end, it is expected that all employees will be respectful of others, both Ford and non- Ford personnel, at all times. Harassment, which includes language or conduct, which may be derogatory, intimidating or offensive to others, based on race, religion, color, age, sex, national origin, disability, sexual orientation, gender identity, or veteran status is prohibited by the Company's non-discrimination and anti-harassment policies. Every Ford employee has the responsibility to foster a respectful work environment free of harassment or discrimination.

The Company may accomplish this commitment to its employees by encouraging its employees to respect each other's different perspectives and backgrounds and to work together toward the success of the business. By fostering such an environment, the Company will have provided to its employees the opportunity to contribute to the best of their abilities.

The Company expects its employees to be mindful of the following responsibilities as we collectively strive for a respectful, professional, harassment-free work environment.

Employee Responsibilities

- Refrain from making jokes and using language which may be offensive to others (including profanity)
- Discourage others from engaging in such behavior
- Refuse to participate in activities which promote or encourage conduct which may be offensive to others
- Refrain from using Company resources to engage in inappropriate behavior that violates the Company harassment or discrimination policies
- Report all potential violations of harassment, discrimination, retaliation to the appropriate Human Resources personnel or through the Company's hotline at (888) 735-6650
- Encourage others to report potential violations
- Cooperate in any investigation and maintain the confidentiality of any investigation in which you're involved.
- Familiarize yourself with the Company's Anti-Harassment and Discrimination Policies

Please refer to the Company's Anti-Harassment policy for non-exclusive list examples of prohibited conduct.

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Ford+

Additional Responsibilities of Managers and Supervisors

- Take all harassment complaints seriously.
- Document complaints brought to your attention and promptly forward those complaints to Human Resources personnel
- Encourage and promote an atmosphere where employees feel free to report potential violations
- Encourage continuing education and communication with your employees regarding the policies prohibiting harassment or discriminatory behavior
- Monitor activity to identify subtle or potential harassment claims
- Immediately address behavior or conduct which may be offensive to others
- Encourage potential witnesses to cooperate fully with investigations
- Set an example by refraining from any potentially offensive conduct or language

Prohibition against Zero Tolerance -Anti-Harassment Retaliation

The Company prohibits retaliating against anyone for making a good-faith complaint of harassment or for cooperating in a Company investigation of such complaints. Employees should feel free to report potential incidents of harassment and to participate in Company investigations without fear of retaliation from a member of management or fellow employees.

Violations of the Zero-Tolerance -Anti-Harassment Directive

Employees who violate this Directive will be subject to discipline up to and including termination, even for the first violation.

Responsibility and Implementation

Implementation of this directive starts with the Office of the Chairman and the Chief Executive, but is the responsibility of every member of management. For some, by virtue of job assignment, the responsibility may begreater.

The Group Vice-President - Corporate Human Resources is responsible for the interpretation and implementationofthis Directive. Fordsubsidiaries andaffiliatedcompanies are encouraged to adopt a similar directive.

Is

William Clay Ford, Jr.

This Directive replaces the Zero Tolerance Letter dated October 16, 1997

I, Sudharsan Annamalai . have attended Diversity Training and have read and understood the Ford Anti- Harassment - Zero Tolerance policy and hereby agree to comply with the policy or, if I am a new employee, I will attend it within the first month of signing this certificate.

	04	08	2024.
Employee Signature	**Month**	**Day**	**Year**

GPID :

Name :

STANDARDS OF CORPORATE CONDUCT:
CERTIFICATION AND OTHER DISCLOSURES

Ford Motor Company Standards of Corporate Conduct commit to conducting business fairly and honestly. This commitment to integrity requires each of us to act ethically. We all have a special responsibility to ensure that our actions are aligned with our values of integrity and honesty in order to build trust and loyalty. We are expected to act in a manner that protects and enhances the Company's corporate reputation.

All employees must know and comply with the spirit and the letter of all Company Policies and legal requirements related to their work. No improper action is ever made right simply because it is customary, because others do it, or because your People Leader or coworker suggested you do it.

The Code of Conduct specifies that all employees have a duty to promptly report known or suspected violations. This helps the Company correct problems before they cause damage to the Company. This duty to report includes violations of:

- Civil and criminal laws related to the operations of the business
- Government rules and regulations related to the operation of the business
- Code of Conduct
- Company Policies

Your reports will be taken seriously. Company Policy prohibits any form of retaliation against individuals who, in good faith, report suspected violations of the Code, Company Policy or law, or who cooperate in an investigation of a suspected violation reported by someone else.

The Code of Conduct also requires employees to self-report all circumstances that may present a conflict of interest or that have the potential for creating a perception of impropriety. Such as:

- Self – Officer/Director of any business (profit or non-profit)
- Self –Consultant/ Outside Job
- Self – Financial Interest (Includes ownership)
- Self – Ford appointed position on a board
- Relative – Financial Interest (includes ownership) in a Ford supplier/dealer
- Relative – Works for a Ford Supplier/dealer

CERTIFICATION AND FINANCIAL & OTHER DISCLOSURES:

I hereby certify that:

- I have read the Code of Conduct (including We Are Committed to Avoiding Conflicts of Interest) or, if I am a new employee, I will read them within 10 business days after the first day of employment.
- I understand and agree that failure to act in conformity with the letter and spirit of the Code of Conduct, We Are Committed to Avoiding Conflicts of Interest and related Policies may result in discipline, up to and including termination of employment.

We Are Committed to Avoiding Conflicts of Interest Policy Financial Declaration **(Please check one of the two statements below)**

☑ I have no financial or other interests (such as being a consultant to or director of a company which does business with Ford Motor Company or financial interests held by my family) to report or I have already reported such interest via the online Conflict of Interest (COI) Disclosure Tool.

OR

☐ I will be reporting via the online Conflict of Interest (COI) Disclosure Tool a financial or other interest that (1) is now held and has not been previously reported or (2)was reported in an earlier filing using the COI Tool but the information needs to be updated, (you may access the online COI Tool via Life@Ford).

Employee Signature	Month	Day	Year
A. [illegible]	04	08	2024.

PRE EMPLOYMENT MEDICAL EXAMINATION FORM- SELF DECLARATION

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR EMPLOYMENT.

Note: The following information will help us in placing you. Falsification of this information may result in disciplinary action

Name: SUDHARSAN ANNAMALAI. Age: 28 Sex: Male.

Date of Birth: 17. 06. 1995 Blood Group: B+ve.

Address: Naravindhampatti (vill), Natham (post) Tirupathur, pin: 635654

Identification Mark:

HAVE YOU EVER HAD / ARE YOU HAVING NOW ANY OF THE FOLLOWING (if Yes please Tick appropriate box)

Have you ever been hospitalized? (If yes pls. specify the details)

Any condition which may require a special or restricted job assignment? NO.

Please specify any hearing loss or ear problems? NO

Please specify any eye disorders / vision problems? I wear spectacles.

Are you taking any medicines on a regular basis? Ulcer.

Have you received any medical attention in the last 5 years? No.

Any physical complaints or disabilities at present? No.

HAVE YOU EVER HAD / ARE YOU HAVING NOW ANY OF THE FOLLOWING (if Yes please Tick appropriate box)

Heart Diseases		Epilepsy (FITS)		Varicose Veins		Eye Disorder (vision problems)	✓
Stroke		Rheumatic Fever		Hernia		ENT Disorder (hearing loss)	
Hypertension (High BP)		Neurological Disorders		Gastro or Duodenal Ulcer		Skin Disease	
Diabetes		Psychiatric Disorder		Kidney or Urinary Disease (renal stones etc.)		Malaria / Tropical Disease	
Lung diseases		(Depression etc.)		Blood abnormalities		Bone & joint diseases / disorders	
(Tuberculosis / Bronchitis / Asthma etc.)		Musculo skeletal disease / disorder		Jaundice(Liver disease)		Cancer	

Allergy to Drugs / Chemicals / type of Food etc. _____

Surgical Illness : Please provide the details of surgery done or planned if any

Surgery Details :

Serious Accidents :Please specify details if applicable

Others

PREVIOUS WORK EXPOSURE(If yes please mention the no.of years of exposure)

1. Noise		5.Other Drugs		9.Other Chemicals	
2.Hoursehold & Agriculture Chemicals		6.Paint & Dyes		10.Smoke/Exhaust Fumes	
3.Radiation		7.Solvants,(Cleaning,deg		11.Vibration/Vibratory Tools,Guns,etc .	
4.Metal Fumes or Dust		8.Petroleum Products		12.Others	

PERSONAL HISTORY (if Yes please Tick appropriate box and mention the number of years)

Smoking		Tobacco / Gutkha	
Alcohol		Recreational Drugs	

FOR WOMEN ONLY (if Yes please Tick appropriate box)

1. Are / were your periods Regular ?		2. Are you Pregnant now?		3. Do you have any Lump in your breast ?	

FAMILY HISTORY OF ANY OF THE FOLLOWING (if Yes please Tick appropriate box and mention the relationship of the family member who has the medical history)

Arthritis or Rheumatism		Relation _____	Heart Disease		Relation _____
Asthma / Hay Fever		Relation _____	High Blood Pressure		Relation _____
Cancer		Relation _____	Tuberculosis		Relation _____
Diabetes		Relation _____			

Applicable

1. Fear of confined Space	Yes	No ✓
2. Fear of Heights	Yes	No ✓
3. Fear of Rodents / Reptiles	Yes	No ✓

I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for immediate termination of employment.

Place : chennai **Signature of the Candidate:** A. Sud

Date : 08/04/2024. **Name in Capital Letters:** SUDHARSAN ANNAMALAI.

Note : If you are not able to understand any of the above medical terminology, please seek clarification from a medical staff.

FORD MOTOR PRIVATE LIMITED

COMPANY BENEFITS NOMINATION AND DECLARATION FORM (CBNDF)

Group Personal Accident Insurance (GPA), Group Term Life Insurance, Dependent Benefit Scheme (DBS) and/or any other company benefits

Name (Last, First): ANNAMALAI, SUDHARSAN. DOJ: 08/04/2024.

GPID: MQ25JB05. CDSID: SANNAMIT.

Designation: Analytics - Software Analyst. Department: IT

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the Company Benefits, in the event of my death.

Name & Address of the nominee(s)	Nominee's Relationship with the member	Date of Birth	(% split)* Proportion by which the company benefits to be paid to each nominee			If the nominee is a minor, name and relationship & address of the guardian who may receive the amount during the minority of the nominee
			GPA	Term Life Insurance	DBS+	
Vijishree Rajendran. Kondappa garden, Kogilu main road, Yelahanka, Bangalore.	SPOUSE	July 11 1996	100	100	100	

** Employee has the option to nominate one person for availing 100% of the above benefits; In case of more than one nominee, % split is required*

+ Employees should fill the percentage for Superannuation and DBS, in case, if they have opted for it only

I hereby confirm that,

- I have read and understood the above company benefits and agree to comply with the respective policy
- It is my responsibility to inform the change in nomination by submitting a fresh nomination form
- The Company holds the right to settle all the company benefits to the nominees declared in this form

I, certify that all the information given above is true to the best of my knowledge and I have ensured the correctness of the above information.

PS:

** PF Nomination form will be considered for all company benefits settlement, if CBNDF is incomplete/ not submitted*

** Fresh nomination shall be made by the employee in case of any change in above nomination*

** Latest available nomination form signed by me on this day will be considered for all company benefit settlements. Prior nominations shall deemed to be invalid*

* It is recommended to retain a copy of the nomination form for your personal records

* This document has been signed by the individual digitally and does not require a hand signature

Employee Signature	Place	Month	Day	Year
A. Sudharsan	Sholinganallur	04	08	2024.

FORD MOTOR PRIVATE LIMITED EMPLOYEES GRATUITY FUND TRUST

The Trustees
FORD MOTOR PRIVATE LIMITED Employees Gratuity Fund Trust
Plot Nos. 13,15 and 16, Survey No. 602/3 part, ELCOT IT/ITES SEZ,

Sholinganallur, Chennai, Tamil Nadu 600 119

Dear Sirs,

I, SUDHARSAN ANNAMALAI ,a Member of the FORD MOTOR PRIVATE LIMITED Group Gratuity Scheme hereby agree to abide by the Rules of the said Scheme and do also hereby appoint in terms of Rule 18 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:

Sl No	Name with full address of nominees (s)	Relationship with the member (Employee)	Age of nominees	Proportion by which gratuity (total benefits) will be shared by each nominee
1	Vijishree Rajendran. Kogilu main road, Yelahanka.	SPOUSE	28	100
2				

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 not dependent on me.
My husband's father / mother / parents/is /are not dependent on me.
I also declare that this appointment of Nominee / s made here in shall have the effect of my revoking the appointment of Nominee / s made by me earlier.

I GIVE BELOW THE PARTICULARS ABOUT MYSELF:

1 **Full Name:** SUDHARSAN ANNAMALAI

2 **Sex :** MALE

3 **Religion :** HINDU

4 **Father's Name:** ANNAMALAI.

5 **Husband's Name :**
[For married women only]

6 **Marital Status:** MARRIED.
(Whether married, unmarried, widow or widower)

7 **Date of Birth:** 17/06/1995

8 **Permanent Address :** Navarindhampatti village, Natham(post) Tirupathur, pin: 635654.

Signed at Sholinganallur **this** 08 **day of** April **(Month)** 2024. **(Year)**

Signature of Employee

TWO WITNESSES OF THE SIGNATURE:

	Name	Address	Signature
1			
2			

Certified that the above appointment of Nominee has been signed by Shri / Shrimathi _____ before me after he / she has read the entries have been read to him / her by me AND that the said appointment of Nominee is recorded under the Scheme on ------ ----------.

Signature of Trustee / s
FOR SELF AND CO-TRUSTEES OF FORD MOTOR PRIVATE LIMITEDEMPLOYEES GRATUITY FUND TRUST

Place: .....

Date: .....

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 the Scheme "Family" means Member's (Employees) spouse legitimate children / step children, parents, sisters and minor brothers dependent upon him.