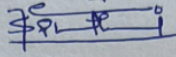
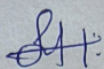


Declaration by Witnesses

Nomination signed/thumb-impressed before me!

Name in full and full address of witnesses.	Signature of Witnesses.
SRUTHY TS Thetkeparakkal (H). P. Vemballur 1. P.I.N: 680671, Thiruvalla	1. 
Sreetha S AS Nilayam 2. Paramelpadi	2. 

Date : _____

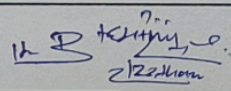
Certificate by the Employer

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 authorized Designation _____
	Name and address of the establishment or rubber stamp thereof. _____

Acknowledgement by the Employee

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

Date 05/10/2024	Signature of the Employee 
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Nomination

Date: 04-Oct-2024

To,
Manappuram Finance Limited, Corporate Office Manappuram House, A.O.Valappad-680567

I, Shri/Shrimati/Kumari ANUPAMA T B 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)

<input checked="" type="checkbox"/>	1. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause(h) of Section 2 of the Payment of Gratuity Act, 1972.
<input type="checkbox"/>	2. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
<input type="checkbox"/>	3. (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.
<input type="checkbox"/>	4. I have excluded my husband from my family by a notice dated the Not Applicable to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.

Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which gratuity will be shared (%)
BIJU T R	FATHER	52	100

Statement

1. Name of employee : ANUPAMA T B
2. Sex : FEMALE
3. Religion : HINDU
4. Whether unmarried/married/widow/widower : Unmarried
5. Department/Branch/Section where employed : IT TRAINING
6. Post held with Ticket No. or Serial No. : 422055
7. Date of appointment : 07-09-2024
8. Permanent address : THAITHARA HOUSE, CHERAI, ERNAKULAM 683514

Place : <u>Valappad</u>	Signature of the Employee <u>10. B. Reddy</u> <u>2224444</u>
Date : <u>05/10/2024</u>	