

Full & Final Settlement Nomination Details

Full & Final settlement					
	1	2	3	4	5
Beneficiary Name					
Beneficiary Relationship					
Beneficiary Date of Birth					
Beneficiary Guardian Name <i>(If the nominee is a minor)</i>					
Beneficiary Address					
Proportion of Lumpsum%					



NOMINATION FORM
(To be filled by employee)

I, _____
Address _____ (EMP Code) _____

Nominate the following person/s, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable: –

	Nominee 1	Nominee 2	Nominee 3	Nominee 4	Nominee 5
Beneficiary Name					
Beneficiary Relationship					
Beneficiary Address					
Proportion of Lumpsum %					

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company’s liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

Full Name and Location of Witnesses

- 1.
- 2.

Signature of Witnesses

- 1.
- 2.

Date: 04/09/2025

Place:

Signature of employee
Electronically signed by:
Venkatesan D