

LARSEN & TOUBRO OFFICERS AND SUPERVISORY STAFF PROVIDENT FUND

NOMINATION FORM

(Rule 26 and 27)

Form No.2

Psno : 10668266

Request No.: 20WF12045711 Mobile No.: 8142322088



FULL NA	ME IN CAPITAL LE	TTERS	DEPT. NAME	DEPT. CODE	
RAIKODU	SUDHARANI		203TE	203TE	
SEX	RELIGION MARITAL STATUS (Married, Unmarried, Widow, or Widower)		ower)	DATE OF BIRTH	
Female Unmarried Jun 04,				Jun 04, 1998	

PERMANENT ADDRESS

3-39 BESIDE GANDHI STATUE GANDHI STREET

I, hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the Fund. In the event of my death before that amount becomes payable, or having become payable, has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:

		LOCATION VASHI	REGION LARSEN & TO	REGION LARSEN & TOUBRO INFOTECH LIMITED.					
SLNO	NAME & ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.)		RELATION DESC	SHARE %	Age of Nominee	EMPLOYEE'S FATHER'S/HUSBAND'S NAME	F/H CODE #		
1	RAIKODU JANARDHAN REDDI 3-39 BESIDE GANDHI STATUE GANDHI STREET Mahbubnagar		FATHER	100.00	46	RAIKODU JANARDHAN REDDI	F		

[#] In this column fill either F or H Codes where F = Father & H = Husband

Please refer definition of "Family" on Page 2.

-1- P.T.O

^{*} This column should be filled in so as to cover the whole of the amount that may stand to the credit of the member in the Fund which is payable in the event of his death.

I hereby direct that in the event of my death during the minority of my above named nominee, the person whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of Rule27 of the Fund.

Relationship of the Guardian with the member

Name & Address of the quardian

3	 	
deemed as cance	lled.	ould I acquire a family here-after, the above nomination should be (s)/minor brother(s) is/are dependent upon me.
Dated: Feb 04, 2020		(Signature of the member)
Name and signature of two witnesse	es: 1. Signature	2. Signature
	Name	Name
Certified that the above declaration has a after he/she has read the entries/the ent	,	•
Dated	(Signature s	of the Twister or any negroup sythesized by the Twister in his helps!
	(Signature o	of the Trustee or any person authorised by the Trustee in his behalf)