

**NOMINATION FORM****(Rule 26 and 27)****Form No.2****Psno** : 10675047  
**Request No.** : 21WF12015629  
**Mobile No.** : +919951866433

<b>FULL NAME IN CAPITAL LETTERS</b>			<b>DEPT. NAME</b>	<b>DEPT. CODE</b>
ABHINAV RAPOLU			204TE	204TE
<b>SEX</b>	<b>RELIGION</b>	<b>MARITAL STATUS (Married, Unmarried, Widow, or Widower)</b>		<b>DATE OF BIRTH</b>
Male		Unmarried		Dec 30 1998
<b>PERMANENT ADDRESS</b>				
-				

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 :

<b>PAYSHEET NUMBER</b>		<b>LOCATION</b>	<b>REGION</b>			
10675047		VASHI	LARSEN & TOUBRO INFOTECH LIMITED.			
<b>SLNO</b>	<b>NAME &amp; ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.)</b>	<b>RELATION DESC</b>	<b>SHARE % *</b>	<b>Age of Nominee</b>	<b>EMPLOYEE'S FATHER'S/HUSBAND'S NAME</b>	<b>F/H CODE #</b>
1	<b>R ANJALI</b> 6-458/96 Madhusudha Reddy Nagar Chintal HYDERABAD-AP	MOTHER	50	42		F
2	<b>R PANDURANGAIAH</b> 6-458/96 Madhusudha Reddy Nagar Chintal HYDERABAD-AP	FATHER	50	48		F

# In this column fill either F or H Codes where F = Father &amp; H = Husband

\* 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.

Please refer definition of "Family" on Page 2.

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.

Name & Address of the guardian	Relationship of the Guardian with the member

Delete if not necessary: 1. Certified that I have no family and should I acquire a family here-after, the above nomination should be deemed as cancelled.

2. Certified that My father/mother/sister(s)/minor brother(s) is/are dependent upon me.

**Dated :** Nov-28-2020

**(Signature of the member)** \_\_\_\_\_



**Name and signature of two witnesses:** 1. Signature \_\_\_\_\_



2. Signature \_\_\_\_\_



Name \_\_\_\_\_

Name \_\_\_\_\_

Certified that the above declaration has been signed before me by Shri/Shrimati \_\_\_\_\_  
after he/she has read the entries/the entries have been read over to him/her by me.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Trustee or any person authorised by the Trustee in his behalf )

N.B.: For the purpose of Rule 26 and 27, " Family" means the employee's spouse ,his legitimate children and step children and dependent parents ,sisters and minor brothers.