

GF_11408759

Reference No: 525401

Form 'F'

Nomination under Payment of Gratuity Act, 1972 [Rule 6(1)]

The Trustees
Accenture Employees Group
Gratuity cum Life Assurance scheme.

Name	ABHISHEK SAXENA	Father Name/ Husband Name	Avdhesh Kumar	Sur Name	Saxena
Sex	Male	Employee Code	11408759		
Religion	Hindu	Marital Status	unmarried ▼		
Date of birth.	27 / Jun /1993	Permanent Address:	Surya Nagar Gali No.1, balla ka Dera, Jhansi Road, Dabra, Dist. Gwalior - 475110		
Date of Joining	20 / Jul / 2017				

I 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 names(s) of the nominee(s).

Sr.No	Name in Full with full address of Nominee/s	Relationship with the Employee	Age of Nominee/s	Proportion by which Gratuity will be shared	
1	Avdhesh Kumar Saxena Surya Nagar Gali No.1, balla ka Dera, Jhansi	Father	56	40	<input type="checkbox"/>
2	Neelima Saxena Surya Nagar Gali No.1, balla ka Dera, Jhansi	Mother	46	40	<input type="checkbox"/>
3	Niyati Saxena Surya Nagar Gali No.1, balla ka Dera, Jhansi	Sister	17	20	<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>

Delete

2. I have no family and should I acquire a family hereafter, the above nominations shall be deemed to be cancelled and fresh nominations in favor of one or more of my family members shall be provided by me.
3. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section 2 of the payment of Gratuity Act, 1972.
4. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act.
5. (a). I hereby certify that my father/mother/parents is/are not dependent on me.
(b). My husband's father/mother/parents is/are not dependent on my husband.
6. I have excluded my husband from my family by a notice datedto the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act.
7. Nomination made herein invalidates my previous nomination.
• **Strike out the words/paragraphs not applicable..**

Dated this 9 day of Nov 2018 at Bangalore ▼ --Select-- ▼

<p align="center">Declaration By Witnesses Nomination signed/thumb impressed before me.</p> <p>Name in full and full address of witnesses. Signature of witnesses</p> <p>1. _____ 1. _____ 2. _____ 2. _____</p> <p>Place: _____ Date: _____</p>		<p align="center">Signature of Employee</p>

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination & declaration have been verified and recorded in the establishment.

Place :		<p align="center">Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.</p>
Date :		

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.

Place :		Signature of Employee
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Date:	
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