

LARSEN & TOUBRO OFFICERS AND SUPERVISORY STAFF PROVIDENT FUND

NOMINATION FORM

(Rule 26 and 27)

Form No.2

Psno : 61083277

Request No.: 24WF12069939 Mobile No.: 918796507505



			EMPLOYEE'S FATHER'S/HUSBAND'S NAME ANAJI SHETE			DEPT. NAME MTP2GV	REGION LTIMINDTREE.	LOCATION HINJEWADI
SEX	RELIGION	MARITAL STATUS		DATE OF BIRTH	PERMANENT ADDRESS			
Male		Unmarried		14/09/1997	-Near by Vaibh temple,Akole,D	ar by Vaibhav Apartment Dhamngoan Road, Near by Gavlibaba le,Akole,Dis		

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:

SLNO	NAME & ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.)	RELATIONSHIP WITH MEMBER	SHARE % *	AGE OF NOMINEE	DATE OF BIRTH
1	ANAJI KHANDU SHETE Dhamangoan Road Akole at/po Akole,Tal Akole,Akole,Ahmadnagar 422601 AKOLA, MAHARSTR	FATHER	50	53	03/07/1970
2	SANGITA ANAJI SHETE Dhamangoan Road Akole at/po Akole,Tal Akole,Akole,Ahmadnagar 422601 AKOLA, MAHARSTR	MOTHER	50	47	01/12/1976

^{*} 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.

-1- P.T.O

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: Jan-19-2024	(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						
Dated (Sign	nature of the Trustee or any person authorised by th	ne 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.