

GRATUITY NOMINATION FORM

Office _____

Dist. No. _____

EMPID. _____

Date _____

FORM FOR APPOINTMENT OF BENEFICIARY

Name of employee: Shri/Smt./Km.

Married/unmarried/widower

Date of joining the service _____

Date of confirmation _____

I hereby nominate the person/persons mentioned below to be beneficiary/beneficiaries in the manner shown against the respective names.

The amount due to any beneficiary who is a minor at the time of my death should be paid to the person whose name appears in column 5.

Name and address of the beneficiary or beneficiaries	Relationship with the Employee	Whether major or minor State date of birth in case of minor	Proportion of benefit	Name and full address of the person to whom payment is to be made on behalf of the minor beneficiary	Sex & parentage of person mentioned in Column 5	Signature of person mentioned in Column 5 in token of consent to receive benefit on behalf of minor beneficiary
1	2	3	4	5	6	7

The bank will be absolved from all liability in respect of my Gratuity Account on Paying the amount to me if I am alive or the person or persons named in column No.1 above after my death. My marriage or the remarriage or the marriage or remarriage of any one of my nominees will not affect the Bank's right to get a full and final discharge from me if I am alive and in case of my death from my nominee as mentioned in column 1 above.

This nomination is in cancellation of any earlier nomination I have made under the Rules.
(Strike off this clause when submitting the nomination form for the first time)

Signature of Employee

Designation

Signed by

in our presence.

Witness No. 1

Witness No. 2

Signature _____

Signature _____

Name _____

Name _____

Occupation _____

Occupation _____

Address _____

Address _____
