

Nomination Form

(For fresh nomination/changing or cancellation of an existing nomination by individuals)

To:

Wells Fargo International Solutions Pvt. Ltd, Bangalore, India

I hereby nominate the person(s) named below to receive all the benefits accruing to me in respect of the following insurance policies/benefits. I am aware that this nomination cancels/supersedes the nomination made by me previously in respect of the benefits under the aforesaid insurances policies/benefits. (*strike out if not applicable)

	Group Personal Accident	Group Term Life	Relationship
Nominee's Name (1) / % Share	FAROOZ AHMAD BHAT 50%	- Do - (%)	Father
Nominee's Name (2) / % Share	SHAMEENA BEGUM 25%	- Do - (%)	Mother
Nominee's Name (3) / % Share	WAJADAT FAROOZ (25%) BHAT	- Do - (%)	Brother
Date of Birth of the nominee (1)	01-04-1970	- Do -	
Date of Birth of the nominee (2)	15-06-1981	- Do -	
Date of Birth of the nominee (3)	07-03-1996	- Do -	
Address of Nominee (1)	Higher Shreeji, Badamur Jammur & Kashmiris, 193/01	- Do -	
Address of Nominee (2)	- Do -	- Do -	
Address of Nominee (3)	- Do -	- Do -	
Guardian's Name (in case the nominee is a minor)			
Address of Guardian			

P.T.O..

I acknowledge that I have made this nomination of my own free will and discretion and the company shall not be liable in any manner in giving effect to the same.

Yours Faithfully,

Signature of the Employee

Name of the Employee: **ASRAR FAROOQ BHAT**

Employee ID/Code No.:

Date: **22-08-2022**

Notes:

1. In case a minor is nominated, the name and address of the guardian of the minor nominee should be provided. [In such case, the payments under the policy will be made to the bank account of the minor nominee opened under the authority of the guardian. Further, Nomination should be in favour of individuals only.
2. A Non-Resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
3. Upon payment of the **[sum assured/benefits under the insurance policies]** (i) nomination in respect of said insurance policies stands cancelled and (ii) such payment shall be valid and complete discharge to the company and insurance company against legal heir(s).
4. On cancellation of the nomination, cancelled nomination shall stand rescinded and the company shall not be under any obligation to pay any amounts or extend any benefits of the policies in favor of the Nominee whose nomination has been cancelled.
5. In case you wish to make any changes to this nomination in future, please access the Nomination Form document available on the Intranet (under HR Forms) and submit the filled-in form to HR Service Delivery.