

FORM - I
NOMINATION AND DECLARATION FORM
 (See Rule 3)

1.	Name of person making nomination	Vinay Mahajan
2.	Father's / Husband's name	Narayan Mahajan
3.	Date of Birth	30/08/1978
4.	Gender	Male
5.	Marital Status	Married
6.	Permanent Address: C305, Ramky Towers Hyderabad Rangareddy 500032	Temporary Address: C305, Ramky Towers Hyderabad Rangareddy 500032

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event to my death.

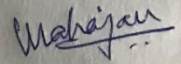
Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)
Narsha Mahajan	C305 Ramky Towers Gachibowli, Hyderabad, Telangana 500032.	Wife	6-Jan-1979	100 %	—
				%	
				%	
				%	
				%	

Check the box, whichever is applicable.

1. ☐ Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. ☐ Certified that my father/mother is/are dependent upon me.

Date : 7-Oct-2021.

Place : Hyderabad.



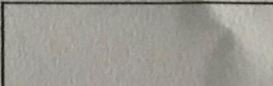
Signature or thumb impression of the employed person

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum Vinay Mahajan employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her

Date : _____

Place : _____



Signature of the employer or other authorised officer of the establishment and Designation

Regd. office:
Novartis Healthcare Private Limited

NOVARTIS GROUP PERSONAL ACCIDENT INSURANCE POLICY (GPA) & GROUP TERM LIFE INSURANCE POLICY (GTL) NOMINATION FORM

Please read the Instructions mentioned hereunder before filling up this form

Instructions

1. The form must be filled by Insured Person / Associate
2. All previous GPA & GTL nominations shall be automatically cancelled and the nomination last received shall prevail over all previous nomination. If the nomination is in favor of a minor, an appointee who is a major must be named in this form otherwise form would be deemed to be incomplete
3. If associate marital status is married, Spouse and Child is allowed to be nominee. If associate marital status is single, parents are considered as nominee. Upon marriage, it is mandatory for the associate to update the revised nomination and inform about the change.

FORM OF NOMINATION

(As per provision of Insurance Act, 1938)

I, Vinay Mahajan the Insured Person / Associate) 40006550 (SAP ID) hereby nominate the following as my nominee who will receive the monies secured by GPA & GTL policy in the event of my death.

Nominee Declaration for Group Personal Accident Insurance Policy

Name of Nominee (As per Govt Recognized ID Proof)	% of Share per nominee	Date Of Birth of Nominee (dd-mm-yyyy) (As per Govt Recognized ID Proof)	Relationship of Nominee with Insured	Name of Appointee (In case nominee is Minor)	Relationship of Appointee with Associate	Contact number of Nominee/ Appointee
<u>Varsha Mahajan</u>	<u>100%</u>	<u>6-Jan-1979</u>	<u>wife</u>	-	-	-
	%					
	%					
	%					

Nominee Declaration for Group Term Life Insurance Policy

Name of Nominee (As per Govt Recognized ID Proof)	% of Share per nominee	Date Of Birth of Nominee (dd-mm-yyyy) (As per Govt Recognized ID Proof)	Relationship of Nominee with Insured	Name of Appointee (In case nominee is Minor)	Relationship of Appointee with Associate	Contact number of Nominee/ Appointee
<u>Varsha Mahajan</u>	<u>100%</u>	<u>6-Jan-1979</u>	<u>Wife</u>	-	-	-
	%					
	%					
	%					

Date:

7-Oct-2021

Signature of the Associate:

Mahajan