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(Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

PART A- Employee Details

Sl .No	Details	
1	Name	Deepank Devate
2	Father's Name/Husband's Name	Deepank Devate
3	Designation	Staff / Consultants
4	Company's Name	Deloitte
5	Date of Joining	01-Jun-2016
6	Date of Birth	07-Oct-1986
7	Sex	Male
8	Marital Status	Married
9	Address	A6-05-04, Elita Promenade Apartments, JP Nagar 7th Phase, Bangalore - 78

PART B – Nominee Details*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the company's policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominee's relationship with member	Date of Birth	% Allocation
Soumya Hegde #201, CMRS Casablanca, AECS Layout, B Block, Kundalahalli, Bangalore - 37	Spouse	15-Mar-1988	100

* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled

Date : 08-Nov-2017

Place : Bangalore.

Signature of the Employee