



NOMINATION FORM

(Rule 26 and 27)

Form No.2

Psno : 10642737
Request No. : 01WF12150387
Mobile No. : 7550050868



FULL NAME IN CAPITAL LETTERS			DEPT. NAME	DEPT. CODE
DEBAKINANDANA CHOUDHURY			240CU	240CU
SEX	RELIGION	MARITAL STATUS (Married, Unmarried, Widow, or Widower)		DATE OF BIRTH
Male	HINDUISM	Unmarried		May 20 1987

PERMANENT ADDRESS

Deepa Street Gosaninuagam, Deepa Street Gosaninuagam, Deepa Street

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 :

PAYSHEET NUMBER	LOCATION	REGION				
10642737	HYDERABAD	LARSEN & TOUBRO INFOTECH LIMITED.				
SLNO	NAME & ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.)	RELATION DESC	SHARE % *	Age of Nominee	EMPLOYEE'S FATHER'S/HUSBAND'S NAME	F/H CODE #
1	SAIBANI CHOUDHURY Ayappa Layout,House Number 30,3RD cross,Behind KMF Dairy,Marathalli,560037 BLOREWHITEFILD	MOTHER	100	66	BHAGABAN CHOUDHURY	F

In this column fill either F or H Codes where F = Father & H = Husband

* 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.

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
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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 : Jun-24-2021

(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 _____
after he/she has read the entries/the entries have been read over to him/her by me.

Dated _____

(Signature of the Trustee or any person authorised by the 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.