

**NOMINATION UNDER THE COMPANY'S INSURANCE SCHEMES, FULL AND FINAL SALARY DUES & ANY
OTHER DUES PAYABLE BY COMPANY**

(Insurance schemes includes Medical Insurance, Accident Insurance, Life Insurance and Gratuity Linked Life Insurance policies)

I, _____, do hereby assign the money payable under the Insurance schemes and any other dues, in the event of my death, to the below nominee/s:

Name & Address of nominee	Relationship	Percentage share
If the Nominee indicated above is a minor, (Minor's Date of Birth required) Guardian's name, relationship to the Nominee and full address to be given below:		
	Total	100%

This nomination supersedes all my previous nominations.

I further declare that his/her receipt shall be sufficient discharge to the Company.

SID:	
Name of Employee:	
Employee Signature:	
Legal Entity/Company Name:	
Witness Name:	
Witness Address:	
Witness Signature:	

Date:

Place:

Note:- Employees are requested to update & re-file the nomination in case of any change in family or if any of the above nominee/s is/are not alive.