

DETAILS FOR PERSONAL ACCIDENT INSURANCE POLICY

Name of the Employee	SATHYA NARAYANAN SUDHAKAR
Father's Name	SUDHAKAR G
Employee Number	1253592
Date of Joining	APRIL 21,2022
Designation	SENIOR CONSULTANT
Date of Birth	20/08/1989
Present Address and Phone No	B+14, PHASE 2, PARSN PALM LEGEND, ONDIPUDUR, COIMBATORE 641016
Permanent Address and Phone No	B6, SATHYANAND NIKETAN, SHIVA NAGAR, KALAPATTI, COIMBATORE 641048

Name of the Nominee/Relationship with the Employee:

Name of the Nominee	Relationship with Employee	Percentage Payable
SOUNDARYAA S	WIFE	50
SULOCAHANA S	MOTHER	25
SUDHAKAR	FATHER	25

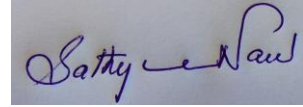
Name and Address of the person to be contacted in case of emergency:

**SUDHAKAR G,
7C SOMASUNDAR NAGAR FIRST STREET,
MK KOTTAI,
TRICHY 620011**

Please mention one emergency point of contact with their name,address and mobile number details.

Place: MYSORE

Date: APRIL 21,2022

A handwritten signature in blue ink, reading "Sathy Paul", is shown within a rectangular frame.

Signature of the Employee