



Group Term Life Insurance and Business Travel Accident Insurance Nomination

To,

Citicorp Services India Private Limited

I, Shri/Shrimati/Kumari DHEERENDRA KUMAR JAIN
(Name in full here)

Whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the amount payable after my death under the Citi Group Term Life Insurance Scheme/ Business Travel Accident Insurance. The amount shall be paid in proportions as indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family and nomination made herein invalidates my previous nomination, if any.

Name & Address Of the Nominee	Nominee's Relationship With the Employee	Date of Birth	Proportion in which the Insurance amount will be shared
Mridula Gupta CIA-706, Brooklyn Pride World City Pune-41105	Spouse	04/09/1986	100%

GEID: 1011318715

Date of Joining: 07/Mar/2022

Permanent Address:

645A/203, Sec-I, Jankipuram,
Lucknow - 226021 UP

Date - 08/Mar/2022


Employee Signature

STAFF DECLARATION

Under Section 27 of the Banking Act, it is mandatory for the bank to report credit facilities granted to companies in which staff is a director, manager, agent or guarantor of the company.

We request you to provide the following information to facilitate reporting under Sections 27 and 29 of the Banking Act and under Directive 7 to Merchant Banks:

1. Are you a director, manager, agent or guarantor in/to any private or public company in India?

☒ No

☐ Yes

If your answer is yes, please provide name(s) of the company(ies) and your title in the company

1a) Appointment in the company

(Pls tick)

☐ Director

☐ Manager

☐ Agent

☐ Guarantor

1b) Name of Company (ies) : _____

2. Are there any loans, advances or credit facilities granted by Citibank NA, India, which you have provided to Company (ies) in Q#1b?

☒ No

☐ Yes

2a If your answer is yes, please provide details of the following:

Name of Company	Type of loans, advances or credit facilities	Amount granted	Amount outstanding	Lending Entity

Name of Staff: _____

Signature: _____

Legal Entity: _____

Date: _____

Employee No : 1011318715

Date : 07/03/2022

The Regional Provident Fund Commissioner,
341, Bhavishya Nidhi Bhavan,
Bandra West Mumbai 400051

Sub.: Application for Regularisation of membership Provident Fund
Contribution deducted on salaries on over and above Rs. 15,000/- or at higher rate.

Dear Sir / Madam,

I the undersigned Mr./Mrs./Miss DHEERENDRA KUNAR JAIN
bearing A/c no. employee of M/S. CITICORP
SERVICES INDIA PVT LTD. hereby declare that I have been contributing Provident Fund on
my entire salary at the rate of 12% with effect from 07/03/2022...

I am not an 'excluded' employee within the meaning of para 2 (f) of the Employees' Provident Fund
Scheme, 1952.

I request that:-

- i) I may be enrolled as member of the Employees Provident Fund voluntarily w.e.f. 07/03/2022
- ii) I may be permitted to contribute voluntarily on my entire salary exceeding
Rs.15000/per month w.e.f. 07/03/2022

Yours faithfully,

Member's Signature D.K.J.

We M/S. CITICORP SERVICES INDIA PVT LTD. Bearing Code No.
hereby declare that:-

- I) We have voluntarily enrolled Mr./Mrs./Miss
as member of Employee's Provident Fund w.e.f. and his/her
A/c No. is
- II) We have been deducting contribution on his entire pay
w.e.f.
- III) We have been making matching contribution on pay upto Rs. 15,000/- p.m., on entire pay
w.e.f.
- IV) We have been deducting Employee contribution voluntarily @ % of day
and making matching contribution @ 12% of pay.
- V) We have paid Administrative Charges and submitted all the returns in respect of the above
member accordingly and will continue to do so.

We request that this case be regularised by permitting voluntary membership and contribution on
entire salary of pay as stated above.

Place : MUMBAI

Yours Faithfully
for CITICORP SERVICES INDIA PVT LTD.

Date :

Authorised Signatory

In Duplicate



Emp. ID : 1011318715
Date of Appointment: 07/03/2022

FORM 2 (REVISED)

NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS
Declaration and Nomination Form under the Employees' Provident Funds
and Employees' Pension Scheme
(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and
Paragraph 18 of the Employees' Pension Scheme, 1995).

Gr. No. _____
Office: _____

1. Name: DHEERENDRA VEERENDRA JAIN
(IN BLOCK LETTERS) FATHER'S/ HUSBAND'S NAME SURNAME
2. Date of Birth: 22/08/1980 3. PF Account No. _____ / _____ / _____
4. Sex: Male / Female: Male 5. Marital Status: Married / Unmarried / Widow / Widower
6. Nationality: INDIAN 7. E-Mail ID: djpunewala@gmail.com

8. Present Address : Door/Block No. : <u>CIA-706</u> Name of the Premises/Bldg : <u>BROOKLYN PRIDE WORLD</u> Area/Locality : <u>CHARHOLI BADRUK CITY</u> Town/City : <u>PUNE</u> State : <u>MAHARASHTRA</u> Pin : <u>412105</u>	9. Permanent Address : Door/Block No. : <u>GISA/203</u> Name of the Premises/Bldg : <u>SECTOR-I,</u> Area/Locality : <u>JANAKIPURAM</u> Town/City : <u>LUCKNOW</u> State : <u>UP</u> Pin : <u>226021</u>
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PART - A (EPF)

I hereby nominate the person (s) / Cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death.

Name & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth	Total amount or Share of accumulations in PF to be paid to each nominee	If the nominee is minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
<u>MRIDULA GUPTA</u>	<u>Spouse</u>	<u>09/09/1986</u>	<u>100%</u>	

1. * Certified that I have no family as defined in Para 2 (g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. * Certified that my father/ mother is/are dependent upon me.

DKJ
X Signature or thumb impression of the subscriber

(*) strike out whichever is not applicable.

P. T.O.

PART -B (EPS)**(Para-18)**

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow / Children Pension in the event of my death.

Sr. No.	Name and Address of the Family member/s	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1.	Mridula Gupta, CIA-706, Brooklyn Pride World City, Charholi Badruk, Pune	09/09/1986	Spouse
2.	Vidit Jain, CIA-706, Brooklyn Pride World City, Charholi, Pune-412105	09/12/2019	Son
3.	Kabeer Jain, CIA-706, Brooklyn Pride World City, Charholi, Pune-412105 MH	15/06/2021	Son

** Certified that I have no family, as defined Para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension admissible under Para 16 (2) (a) (i) and (ii) in the event of my death without leaving any eligible family member / s for receiving pension.

Sr. No.	Name & Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1.	Mridula Gupta, CIA-706, Brooklyn Pride World City, Charholi, Pune-412105 MH	09/09/1986	Spouse
2.	Vidit Jain, CIA-706, Brooklyn Pride World City, Charholi, Pune-412105, MH	09/12/2019	Son
3.	Kabeer Jain, CIA-706, Brooklyn Pride World City, Charholi, Pune-412105, MH	15/06/2021	Son

Date: 09/03/2022

** Strike out which is not applicable

X DPK Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

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

Place : _____

Date : _____

FOR
Authorized Signatory
Name & Address of Employer

In Duplicate



Emp. ID : 1011318715
Date of Appointment: 07/03/2022

FORM 2 (REVISED)

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**
Declaration and Nomination Form under the Employees' Provident Funds
and Employees' Pension Scheme
(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and
Paragraph 18 of the Employees' Pension Scheme, 1995).

Gr. No. _____
Office: _____

1. Name: DHEERENDRA VEERENDRA JAIN
(IN BLOCK LETTERS) FATHER'S/ HUSBAND'S NAME SURNAME
2. Date of Birth: 22/08/1980 3. PF Account No. _____ / _____ / _____
4. Sex: Male / Female: Male 5. Marital Status: Married/ Unmarried/ Widow/Widower - Married
6. Nationality: Indian 7. E-Mail ID: djpunewala@gmail.com

8. Present Address : Door/Block No. : <u>C1A-706, Brooklyn</u> Name of the Premises/Bldg : <u>Pride World City</u> Area/Locality : <u>Charholi Badruk</u> Town/City : <u>Pune</u> State : <u>Maharashtra</u> Pin : <u>412105</u>	9. Permanent Address : Door/Block No. : <u>645A/203, Sector-I</u> Name of the Premises/Bldg : <u>Near Aps Naveen Store</u> Area/Locality : <u>Jankipuram</u> Town/City : <u>Lucknow</u> State : <u>UP</u> Pin : <u>226021</u>
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PART -A (EPF)

I hereby nominate the person (s) / Cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death.

Name & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth	Total amount or Share of accumulations in PF to be paid to each nominee	If the nominee is minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
<u>Mridula Gupta</u> <u>C1A-706, Brooklyn</u> <u>Pride World City, Charholi</u> <u>Pune-412105</u>	<u>Spouse</u>	<u>08/07/1986</u>	<u>100</u>	

1. * Certified that I have no family as defined in Para 2 (g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. * Certified that my father/ mother is/are dependent upon me.

[Signature]
X Signature or thumb impression of the subscriber

(*) strike out whichever is not applicable.

P. T.O.

PART -B (EPS)
(Para-18)

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow / Children Pension in the event of my death.

Sr. No.	Name and Address of the Family member/s	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1.	MIRIDULA GUPTA, CIA-706, Brooklyn, PRIDE WORLD CITY, CHARHOLI, PUNE-412105	04/09/1986	Spouse
2.	VIDIT JAIN, CIA-706, Brooklyn, Pride World City, Charholi, Pune-412105	09/12/2019	Son
3.	Kabeer Jain, CIA-706, Brooklyn, Pride World City, Charholi, Pune-412105	15/06/2021	Son

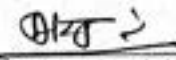
** Certified that I have no family, as defined Para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension admissible under Para 16 (2) (a) (i) and (ii) in the event of my death without leaving any eligible family member / s for receiving pension.

Sr. No.	Name & Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1.	Mridula Gupta, CIA-706, Brooklyn, Pride World City, Charholi, Pune-412105	04/09/1986	Spouse
2.	Vidit Jain, CIA-706, Brooklyn, Pride World City, Charholi, Pune-412105	09/12/2019	Son
3.	Kabeer Jain, CIA-706, Brooklyn, Pride World City, Charholi, Pune-412105	15/06/2021	Son

Date: 07/03/2022

** Strike out which is not applicable


X Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

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

Place : _____

Date : _____

FOR	
Authorized Signatory	
Name & Address of Employer	



Composite Declaration Form -11

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and/or EPS, 1995 is applicable)

1	Name of the member	DHEERENDRA KUMAR JAIN						
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	VEERENDRA KUMAR JAIN						
3	Date of Birth: (DD/MM/YYYY)	22/08/1980						
4	Gender: (Male/Female/Transgender)	Male						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorced)	Married						
6	(a) Email ID: (b) Mobile No.:	djpunevala@gmail.com 9873244417						
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	07/03/2022						
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No.:	912010029975808						
	b) IFS Code of the branch:	UT1B00000073						
	c) AADHAR Number:	2006-6492-4075						
	d) Permanent Account Number (PAN), if available	APAPJ1470J						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No						
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No						
11	Previous employment details: [If Yes to 9 AND/OR 10 above] - Un-exempted							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	PPF Number (if issued)	Non Contributory Period (NCP) Days
	Accenture	100143400973	MIH/ BAN 145665/ 1170695	24/11/2017	01/03/2022	—	—	—
	Sopra Steris	100143400973	DL/ 19997 1001643	17/05/2011	20/11/2017	—	—	—
12	Previous employment details: [If Yes to 9 AND/OR 10 above] - For Exempted Trusts							
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
	Yes / No							
	a) International Worker:							
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]							

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 09/03/2022
Place: PUNE


Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms. DHEERENDRA KUMAR JAIN joined on 07/03/2022 and has been allotted PF No. _____ and UAN _____.
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- Please Tick the Appropriate Option:
 - ☐ The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- Please Tick the Appropriate Option:-
 - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital signature Certificate and transfer request has been generated on portal.
 - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of
Establishment

*Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.

**FORM 'F'**

See sub-rule (1) of Rule 6

NOMINATION FOR GRATUITY

To,

(Give here name or description of the establishment with full address)

CITICORP SERVICES INDIA PRIVATE LIMITEDI, ~~Shri/Shrimati/Kumari~~ DHEERENDRA KUMAR JAIN

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
4. (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Date of Birth	Share of gratuity to be paid to him/her (%)
(1)	(2)	(3)	(4)
1. <u>MRIDULA Gupta</u>	<u>Spouse</u>	<u>04/09/1986</u>	<u>100%</u>
2. <u>CIA-706, Brooklyn</u>			
3. <u>Pride World City</u>			
4. <u>Charfoli, Pune-412105</u>			
5.			
6.			
7.			

STATEMENT**citi**

1. Name of employee in full DHEERENDRA KUMAR JAIN
2. Gender Male
3. Religion JAIN
4. Whether unmarried/married/widow/widower Married
5. Department/Branch/Section where employed ICG - IT
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment 07/03/2022
8. Permanent address:
645A/203, Sector - I, Near Navan Store
Jankiparam, Lucknow - 226021, UP

Place: PUNEDate: 07/03/2022[Signature]
Signature/Thumb-impression of the Employee**Declaration by Witnesses**

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. _____
2. _____

Signature of witnesses.

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation _____

Date: _____

Name and address of the establishment or
rubber stamp thereof.

_____**Acknowledgment by the Employee**

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: 07/03/2022

(Note: Strike out the words/paragraphs not applicable).

[Signature]
Signature of the Employee



DECLARATION

DECLARATION BY EMPLOYEE PROVIDING DETAILS OF GRATUITY RECEIVED FROM PREVIOUS EMPLOYER(S)

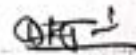
Name of the Employee DHEERENDRA KUMAR Emp. No: 1011318715
JAIN
Address CIA-706, Brooklyn PAN No: APAPJ1470J
Pride World City, Charkoli
Pune-412105, MH
Department/
Location ICG-IT / PUNE

I give here below details of Gratuity received from the following previous employer(s) before joining the Company for including it in the Gratuity dues to be received from the Company for income-tax purposes :

Sr. No.	Name & Address of the Previous Employer (s)	Period	Total Gratuity (Rs)	Exempted (Rs)	Taxable (Rs)
1	Accenture Solution Pvt Ltd, B-1, Nagarbhata City, Hadapsar, Pune Maharashtra-411013	2017-2022	0		
2	Sapta Sterling India Limited SEZ Unit-1 Sector-135 Noida-201304, UP	2011-2017	78115		
3	Florence Fennel Information Pvt Ltd B-41, Sec-63, Noida UP-201301	2010-2011	0		

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Place PUNE
Date 10/03/2022


Signature

FORM 'A'

CITICORP SERVICES INDIA PRIVATE LIMITED

SUPERANNUATION SCHEME

FORM OF DECLARATION

I DHEERENDRA KUMAR JAIN hereby acknowledge that I have received a copy of the Rules and Regulations of the CITICORP SERVICES INDIA PRIVATE LIMITED SUPERANNUATION SCHEME. I hereby declare that I have read and understood the same and I agree to be bound by them or by any other Rules for the time being and also to abide by the decision of the Trustees in all matters relating thereto.

I under take to furnish satisfactory evidence of my age / date of birth whenever called upon to do so and I agree to be bound by the decision of the Trustees in the event of my being unable to furnish such evidence.

Place: PUNEDheerendra Kumar Jain
(Signature)Date: 07/03/2022

Name in Full

Permanent Address

Date of Birth

Date of Appointment:

Nature of Appointment:

Present basic salary per Month (Rs.):

: DHEERENDRA KUMAR JAIN: 645/A/203, Sector - I, Near - Navin Store
: Jan Kipuram, Lucknow, 226021, UP: 22/08/1980: 07/03/2022

For use of Citicorp Services India Private Limited

This is to certify that the above employee has become eligible to be a Member of the CITICORP SERVICES INDIA PRIVATE LIMITED SUPERANNUATION SCHEME with effect from _____.

Authorized Signature

Name:

Designation:

Date:

FORM 'B'

CITICORP SERVICES INDIA PRIVATE LIMITED (CSIL)
SUPERANNUATION SCHEME ('Fund')

FORM OF APPOINTMENT OF BENEFICIARY

Under the provisions of Rule 22 of the Fund and in supersession of any or all previous nominations made by me, I hereby appoint the persons(s) mentioned below as the Beneficiary (s) to whom any benefits payable under the rules in the event of my death, I hereby authorize the Trustees to pay such moneys to the person or persons named in Column 1 and described in Column 2 and 3 of the following schedule in *the shares specified in column 4 hereof and I hereby appoint the persons (if any) named and described in Column 5 thereof to receive the moneys which may be payable to any minor(s) under this appointment with authority to receive the *name and give a valid discharge in respect thereof, I hereby declare and agree that payment as made by the Trustees shall be in full and complete discharge to the Trustees of the said monies.

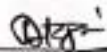
This nomination shall remain valid and in full force during the course of my employment with CSIL, unless revoke the same in *writing by communicating to CSIL through a fresh written nomination at any future date under the CSIL Superannuation Scheme Rules.

Name and address of Nominee (1)	Nominee's relationship with Member (2)	Age / Date of birth of Nominee 3	Share to go to Nominee 4)	Name and address of the person who should receive the moneys payable to minor(s) 5)

NA

In witness whereof the said _____ has here unto set his/her
hands on this _____ day of _____ 20__ in the joint presence of
himself/herself and us who at his/her request and in such joint presence have unto
subscribed our names as witnesses.

Place :



(Signature of member)

Date:

Witnesses:

1. Signature

Name Address

2. Signature

Name

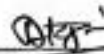
Address

Date :

Name or member

In witness whereof the said _____ has here unto set his/her
hands on this _____ day of _____ 20____ in the joint presence of
himself/herself and us who at his/her request and in such joint presence have unto
subscribed our names as witnesses,

Place :



(Signature of member)

Date:

Witnesses:

1. Signature

Name Address

2. Signature

Name

Address

Date :

Name or member

DOMESTIC RELOCATION POLICY – REPAYMENT AGREEMENT

Please complete this form and return it to your Human Resources partner within 10 days of receipt.

I have gone through the Citi India Domestic Relocation Policy carefully and I agree to comply with it. If my employment with Citi India terminates for any reason within 12 months after my transfer date, other than if my employment is involuntarily terminated because of (a) a staff reduction or realignment of the work force causing elimination of my position, (b) a relocation or dissolution of business, (c) the sale of any portion of a business, I hereby agree to repay the gross amount of all of the relocation expenses paid or reimbursed by Citi to me or on my behalf in accordance with Citi India Domestic Relocation Policy.

I understand and voluntarily agree that any relocation expenses that I owe Citi India pursuant to this Repayment Agreement (the "Agreement") may be deducted from any amounts or wages owed to me by Citi India upon the termination of my employment, to the extent permitted by applicable law. If these deductions are insufficient to reimburse Citi India fully, I will remain liable for the balance of such relocation expenses and agree to pay Citi India that balance within 3 months of my termination date.

I have read, understand, and voluntarily agree to the terms set forth in this Agreement.

Signature: DKE

Date: 07/03/2022

Name (please print): DHEERENDRA KUMAR JAIN

GEID: 1011318715

Department: ICG - IT

Citizenship & Employment Visa Confirmation

I, Dhruvendra K. Joshi have applied for a job opportunity in Citi India and declare the following information regarding my Citizenship status:

I am an Indian Citizen:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If the response is No, please give details (Country of Citizenship and Employment Visa documents for work authorization in India):

I hereby undertake that the above mentioned information is true to the best of my knowledge and any change in the same, will be intimated to Citi India.

I also understand that this information holds no prejudice against any individual and is in accordance with the RBI guidelines with regard to employment of foreign nationals/Citizens.

Name: DHEERENDRA KUMAR JAIN
Date: 07/03/2022

Signature: D/28-1

Form – 'L'

(See rule 13)

CONSENT OF WOMEN WORKER TO WORK IN NIGHT SHIFT

I Miss / Smt. ----- residing at -----

----- (Full Address)

State that I am working as (Designation) ----- in M/s. -----

----- Since -----

I am aware that, the employer will provide separate safe and secure transport facility from the doorstep of my residence to the place of work and vice-versa—and that there will be at least three women worker working in the nightshift and that there is a Committee to prevent sexual harassment at work place under the Chairmanship of Smt. Shweta Mehrotra

I am therefore willing to work at nightshift for the period from Jan 1, 2019 to Dec 31, 2021.

Date:

Place:

Signature of the Women worker.

Name, address and Signature of witnesses

1. -----

2. -----

Addendum to Form L (Consent of women worker to work in night shifts)

The subject communication is issued to all the women employees of Citi Entities who are working in the State of Maharashtra, for the purposes of the below legislation.

The Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 and its Rules 2018 envisage certain provisions for the welfare of women employees ; which include prohibition of discrimination against women employees and safety measures/ transportation facilities, to be provided by the employer to those women employees working during 9-30 pm to 7-00 am (working between these hours are considered as night shifts).

The enactment stipulates that the women employees / workers shall be allowed to work during 9.30 p.m. and 7.00 a.m. (partially or fully) in any establishment, only after obtaining her consent in the prescribed form.

While this is applicable to all women employees in the night shifts, the provision may also extend to the women employees under normal shifts, who on certain days voluntarily work beyond 9.30 pm and/or before 7.00 am from the office premises on case -to-case basis/ depending upon business needs.

It is reiterated that Citi does not encourage its employees to work beyond their designated work shifts and may request the employees to refer to Citi's work from home policies, Alternate Work Strategies, mails mandating woman employees to refrain from sitting beyond the time limit, remote access, etc. enabling such employees to leave before/arrive after the aforesaid time to office.

Nonetheless, considering the above legal requirements and to ensure that any women employee is allowed to work in the Citi office premises during 9:30 pm and 7:00 am only after obtaining her consent, Citi requires your consent to be obtained in the attached format. For the sake of uniformity and common control, Citi proposes to obtain the said consent for a consecutive period of 3 years, from all women employees irrespective of their working in night shifts or regular shifts. Please note that such consent is revocable anytime at the will and wish of the women employee.

Date:

Place:

Name & Signature of the Women worker:

Application for Transport facility by Citi staff

To: *Name of relevant department, Name of legal vehicle*
Address: Citicorp Services India Private Limited
Hx22 + PVP, EON Free Zone,
Kharadi, Pune - 411019 Maharashtra

Dear Sirs,

I understand that in the interest of safety and security of its employees, _____ ('Citi') has organized transport facilities ('Facility') at its own costs for all employees who are required to work outside of the normal working hours. This includes, but may not be limited to, employees leaving office post 8PM in the evening. I acknowledge and understand that the Facility is extended to employees 'free of cost', which is not part of the employment conditions, and on a best effort basis for certain locations and at specified timings as may be decided by Citi from time to time.

In light of the above, I hereby agree and acknowledge that if and when I avail of the Facility, on a regular/daily basis or intermittently or on an occasional basis, the following terms and conditions apply:

- (i) The Facility is provided to merely facilitate convenient transport to and from my residence/central pick up or drop point and Citi's office/s or such location that Citi requires my traveling to. The Facility is solely in connection with transport for official purposes only and at such timings as decided by Citi from time to time. I shall not use this Facility for any purpose other than Citi related business;
- (ii) Citi will have the discretion to discontinue the Facility or to withdraw or add or curtail any stop or change the route of the Facility to any or all employees or stop or restrict me from availing such Facility at any point of time;
- (iii) I am aware that despite best efforts of the Facility providers arranged by Citi or by Citi, the Facility may involve certain risks, including but not limited to instances such as: (a) Accident resulting in physical injury/partial or full disability; (b) Behavioral issues with the employees/staff of transport vendor/ security guard/3rd party contract staff, if any; (c) Delays /Partial cancellation of the Facility due to traffic conditions; vehicle problems; (d) Natural calamities, mob violence, political unrest etc.,
- (iv) Citi's endeavor is and will be to ensure and maintain high quality Facility services for its employees and ensuring redress of and/or action on any genuine complaints, and in any event, Citi is not and will not be liable in any manner, either to me or my heirs, for events or risks (or consequences thereof) that are beyond its control, and
- (v) The Citi Transport Policy, process note or guidelines as applicable from time to time shall govern the Facility and I shall abide by the same as required at all times.

I also hereby agree and acknowledge that in the event if I do not avail of the Facility at all or on any given day, and opt to travel either (a) by my own vehicle, or (b) by making personal / private arrangements for commuting from my home to Office and vice-versa, for any future reference, I shall be solely responsible for my own safety and security. I am providing below an emergency contact number should any need arise to ascertain my safety and security.

Yours truly,

Employee Signature

Employee Name : Dheerendra Kumar Jain
Department : ICG - IT
Emergency Contact Number: 8855061208

Place: PUNE Date: 07/03/2022

SOE/GE ID No. : _____
Name of Legal Vehicle: _____