

Global ID (4 digit) : _____

Employee ID (7 digit) : _____

Group Term Life Insurance Nomination Form

Sr.No.	Nominee's Name	Address	Relationship	% of Share
1	RANJANA MACHHINDRA PAWAR	C-303, VARDHAMAN DREAMS PH-2, KASPATE VASTI, WAKAD, PUNE-411057	MOTHER	25%
2	SHEETAL SACHIN PAWAR	C-303, VARDHAMAN DREAMS PH-2, KASPATE VASTI, WAKAD, PUNE-411057	SPOUSE	25%
3	HARSH SACHIN PAWAR	C-303, VARDHAMAN DREAMS PH-2, KASPATE VASTI, WAKAD, PUNE-411057	SON	25%
4	SHRADDHA SACHIN PIMPLE	PIMPLE VASTI, SOMTHANE DESH, YEOLA, NASHIK 426401	SISTER	25%
5				
6				

Signature Of Employee

Sachin Machhindra Pawar
Name of the Employee

K1611216
AADHAAR / NRIC / Passport No.

Date: 03/12/2020

Internal use only

Signature Of Witness

Gundupoo Pawar
Name of the Witness

7387 3695 5353
AADHAAR / NRIC / Passport No.

Date: 03/12/2020