

**Payment of Gratuity (Central) Rules
Form 'F'**

See sub-rule (1) of Rule 6

Nomination

To,

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

Standard Chartered Global Business Services Pvt. Ltd.

1. I, Shri Kathiravan Nagalingam

(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 of 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	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.				
2.				
3.				
4.				
5.				

Statement

1. Name of the employee in full Kathiravan Nagalingam
2. Sex Male
3. Religion Hindu
4. Whether Married
5. Department where employed SCB-GBSINHR
6. Post held with Ticket No. , if any _____
7. Date of appointment (dd/mm/yyyy) _____
8. Permanent address No 11, Vimalapuram 3rd Street, Manali, Chennai 600068
- Village Manali Thana Chennai Sub-division Chennai
- Post Office Manali District Chennai State Tamil Nadu

Place : CHENNAI

Date: 11/09/2020

W. J. M. R.

Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me
Name in full and full address.

Signature of Witnesses.

1. _____
2. _____

1. _____
2. _____

Place : _____

Date : 11/09/2020

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

Name and address of the establishment or rubber stamp thereof.

Date : 11/09/2020

W. Phillips.