## **Nomination Form**

## Section 1. INSURANCE NOMINATION FORM

Date

| I, Mr. /Mrs. /Ms                  |                                |  | (Name of employee),                  |  |  |
|-----------------------------------|--------------------------------|--|--------------------------------------|--|--|
| (Employee number                  | ), son / d                     | ), son / daughter of   |                                      |  |  |
|                                   | , hereby declare               | , hereby declare through this Nomination Form that the person(s) mentioned |                                      |  |  |
| below should be treated as my ber | neficiary/ies for the Barclays | Employee Insurance Pro   | ogram and is entitled to receive the |  |  |
| benefit amount in the event of my | death.                         |  |                                      |  |  |
| Nomination for Group Life Insura  | nce:                           |  |                                      |  |  |
| Name of the Beneficiary           | Relationship with              | % of shares to be  | If beneficiary is minor, name &      |  |  |
|                                   | Insured                        | paid to each   | address of the guardian who          |  |  |
|                                   |                                | beneficiary  | may receive the amount during        |  |  |
|                                   |                                |  | the minority of the beneficiary      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  | <b>-</b>                             |  |  |
| Nomination for Group Personal A   | ccident Insurance:             |  |                                      |  |  |
| Name of the Beneficiary           | Relationship with              | % of shares to be  | If beneficiary is minor, name &      |  |  |
|                                   | Insured                        | paid to each   | address of the guardian who          |  |  |
|                                   |                                | beneficiary  | may receive the amount during        |  |  |
|                                   |                                |  | the minority of the beneficiary      |  |  |
|                                   |                                |  |                                      |  |  |
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|                                   |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
|                                   |                                |  | <b>-</b>                             |  |  |
| In respect of above mentioned Sec | ction 1, I hereby solemnly de  | clare that the foregoing   | statements are true and correct to   |  |  |
| the best of my knowledge.         |                                |  |                                      |  |  |
| **Family means: Spouse and child  | ren of the employee and par    | ents, siblings of the emp  | ployee or any of them, wholly or     |  |  |
| mainly dependent on the employe   | e.                             |  |                                      |  |  |
| Signature of the Insured Member   | ie Employee                    |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |
| Name                              |                                |  |                                      |  |  |
|                                   |                                |  |                                      |  |  |

## Section 2. NOMINATION FOR PAYMENT OF UNPAID WAGES

Date

| I, Mr. /Mrs. /Ms  |                                 |                          | (Name of employee),                    |  |
|---|---------------------------------|--------------------------|--|--|
| (Employee number  | ), son / d                      | aughter of               |  |  |
| , hereby declare through this Nomination Form that the person(s) me |                                 |                          |  |  |
| below should be treated as my no                                    | minee/ s for payment of any     | unpaid wages from Bare   | clays * and is entitled to receive the |  |
| amount in the event of my death.                                    |                                 |                          |  |  |
| Name of the Beneficiary   | Relationship with               | % of shares to be        | If beneficiary is minor, name &        |  |
|   | Insured                         | paid to each             | address of the guardian who            |  |
|   |                                 | beneficiary              | may receive the amount during          |  |
|   |                                 |                          | the minority of the beneficiary        |  |
|   |                                 |                          |  |  |
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|   |                                 |                          |  |  |
|   |                                 |                          |  |  |
| In respect of above mentioned Sec                                   | ction 2, I hereby solemnly de   | clare that the foregoing | statements are true and correct to     |  |
| the best of my knowledge.   |                                 |                          |  |  |
| , ,   |                                 |                          |  |  |
| * Barclays: Please tick / select as                                 | appropriate:                    |                          |  |  |
| ☐ Barclays Bank PLC (BBPLC)   |                                 |                          |  |  |
| ☐ Barclays Technology Centre of                                     | India ( BTCI)                   |                          |  |  |
| ☐ Barclays Shared Services Priva                                    | te Limited ( BSSPL)             |                          |  |  |
| ☐ Barclays Investment and Loans                                     | s (India ) Private Limited (BIL | IL)                      |  |  |
| ☐ Barclays Securities India Privat                                  | e Limited (BSIPL)               |                          |  |  |
| ☐ Barclays Wealth Trustees (Indi                                    | a) Private Limited. (BWTIPL)    | )                        |  |  |
|   |                                 |                          |  |  |
| Signature of the Employee   |                                 |                          |  |  |
| Name  |                                 |                          |  |  |
|   |                                 |                          |  |  |