

GENERAL NOMINATION FORM

Employee Name	: Imran Hossain	PIN	: 1750
Date of Joining	: 02-May-2021	Date of Confirmation	:
Father's Name	: Abul Kalam	Contact Number	: +880
Mother's Name	: Shirin Akter	Contact Number	: +880 1817589721
Spouse Name	:	Contact Number	: +880

In the event of my death, I do hereby nominate the following person(s) to receive/withdraw the amount/credit balance of my salary, other associated benefit (secured by Insurance) and final settlement in the event of my death and declare that the said amount shall be distributed among the **NOMINEE(S)** in the manner shows below against their names:

Sl.	Nominee Name and Photo*	Relationship	DoB	Photo ID no.**	%	Nominee Sign
1.	Shirin Akter	Mother	01-Jan-72	2613877086602	100%	
2.						

* Photo of Nominee(s) must be signed by employee on back side;

** Photo ID type: Valid NID / Passport / Driving License;

Note:

- Any minor declaration must be accompanied by completing the **MINOR FORM** with relevant document;
- Any unsolved matter not covered by the above condition(s) will be resolved by land of law.
- Upon payment of the fund and other benefits to the nominee or the person representing the nominee, as the case may be, BRAC IT Services Limited shall be deemed as fully discharged from its all obligations in relation to the fund and other benefits thereof. My successors, heirs, legal representative or assigns shall not have any claim whatsoever against BRAC IT Services Limited in relation thereof.
- In case of any dispute or claim whatsoever in relation to payment to my nominee, BRAC IT Services Limited reserves the right at its sole discretion either to proceed with or to refuse payment of the fund and benefits to the nominee and such dispute shall be resolved and payment shall be made as per direction of the relevant authorities and court of laws in due compliance with prevailing laws of the land.

Signature of Employee