



**LARSEN & TOUBRO OFFICERS AND SUPERVISORY STAFF
PROVIDENT FUND**

NOMINATION FORM

(Rule 26 and 27)

Form No.2

Psno : 61064478
Request No. : 24WF12015100
Mobile No. : 8861542134



| | | | | | | |
|--|-----------------|---|------------------------------------|--|------------------------------|------------------------------|
| FULL NAME IN CAPITAL LETTERS MANJUNATH BADIGER | | EMPLOYEE'S FATHER'S/HUSBAND'S NAME SURESH BADIGER | | DEPT. NAME 6710100 | REGION LTIMINDTREE | LOCATION BANGALORE |
| SEX Male | RELIGION | MARITAL STATUS Unmarried | DATE OF BIRTH 16/08/1998 | PERMANENT ADDRESS 42/43 shri jyoti nivas samruddhi badavane, Ishwar nagar APMC Hubli | | |

I, hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the Fund. In the event of my death before that amount becomes payable, or having become payable, has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names :

| SLNO | NAME & ADDRESS OF THE NOMINEE OR NOMINEES (UPTO 3 Nos.) | RELATIONSHIP WITH MEMBER | SHARE % * | AGE OF NOMINEE | DATE OF BIRTH |
|------|---|-----------------------------|--------------|-------------------|---------------|
| 1 | SURESH BADIGER 42/43 JYOYI NIVAS ISHWARNAGAR A P M C HATTI JIN HATTIRA BHAIREDEVARAKOPPA Hubli HUBLI | FATHER | 100 | 53 | 21/06/1969 |

* This column should be filled in so as to cover the whole of the amount that may stand to the credit of the member in the Fund which is payable in the event of his death.

Please refer definition of "Family" on Page 2.

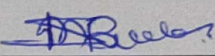

I hereby direct that in the event of my death during the minority of my above named nominee, the person whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of Rule 27 of the Fund.

| Name & Address of the guardian | Relationship of the Guardian with the member |
|--------------------------------|--|
| | |

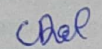
Delete if not necessary: 1. Certified that I have no family and should I acquire a family here-after, the above nomination should be deemed as cancelled.
2. Certified that My father/mother/sister(s)/minor brother(s) is/are dependent upon me.

Dated : Apr-21-2023

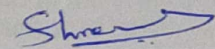

(Signature of the member)

Name and signature of two witnesses: 1. Signature

2. Signature

Name Goutam Hegde

Name Shreevatsa MS

Certified that the above declaration has been signed before me by Shri/Shrimati _____
after he/she has read the entries/the entries have been read over to him/her by me.

Dated _____

(Signature of the Trustee or any person authorised by the Trustee in his behalf)

N.B.: For the purpose of Rule 26 and 27, " Family" means the employee's spouse ,his legitimate children and step children and dependent parents ,sisters and minor brothers.