

GRATUITY NOMINATION

FORM 'F'

To
IBM INDIA PVT LTD
No.12, Subramanya Arcade
Bannerghatta Road
Bangalore - 560 029

1. Manvendra Raghava whose particulars are given in the statement below,
[Name in full here]

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 a /are 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 on me.

(b) My spouse's father/mother/parents is/are not dependent on my spouse.

5. I have excluded my husband from my family by a notice datedto 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)

| SL.No | 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 | P K RAGHAVA villa -24 H G EMERALD GREENS ,Chittora road GWALIOR MADHYA PRADESH 474006 | Father | 60 | 50 |
| 2 | MEERA RAGHAVA villa -24 H G EMERALD GREENS ,Chittora road GWALIOR MADHYA PRADESH 474006 | Mother | 57 | 50 |
| 3 | | | | |
| 4 | | | | |

I GIVE BELOW THE PARTICULARS ABOUT MYSELF

1. Full name: Manvendra Raghava 2. Employee No.

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 2 | M | 2 | W |
|---|---|---|---|---|---|

3. Gender: Male 4. Religion: HINDU 5. Date of Birth :

| | |
|---|---|
| 1 | 7 |
|---|---|

 /

| | | |
|---|---|---|
| M | a | r |
|---|---|---|

 /

| | | | |
|---|---|---|---|
| 1 | 9 | 9 | 1 |
|---|---|---|---|

6. Date of appointment:

| | |
|--|--|
| | |
|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 7. Marital Status: Single

8. Father/Husband's name: P K RAGHAVA

9. Permanent Address: MIG-290 darpan colony,thatipur
gwalior Madhya Pradesh 474011 India

Village _____ Thana _____ Sub Division _____ Post office _____
District _____ State Madhya Pradesh

In the event of my death during the minority of above named nominee, I hereby direct that the person (s) whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of the IBM INDIA PVT LTD EMPLOYEES GRATUITY FUND TRUST.

| SL.No | Name of the Nominee | Age of the Minor | Name & Address of the Guardian | Relationship |
|-------|---------------------|------------------|--------------------------------|--------------|
| | | | | |

Place : Noida

Signature/Thumb impression
of the employee

Date:

| | |
|--|--|
| | |
|--|--|

 /

| | | |
|--|--|--|
| | | |
|--|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

D D M M M Y Y Y Y

Declaration by witnesses

Nomination Signed/thumb impression before me.

Name in full and full address of witnesses.

Signature of witnesses.

1 _____

1 _____

2 _____

2 _____

Place: _____

Date:

| | |
|--|--|
| | |
|--|--|

 /

| | | |
|--|--|--|
| | | |
|--|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

D D M M M Y Y Y Y

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Signature of the employer/ officer authorized

Date:

| | |
|--|--|
| | |
|--|--|

 /

| | | |
|--|--|--|
| | | |
|--|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

D D M M M Y Y Y Y

Designation

IBM INDIA PVT LTD

No.12, Subramanya Arcade, Bannerghatta Rd
Bangalore – 560 029

Name & Address of the Factory / Establishment of rubber stamp thereof

Acknowledgement by the employee

Received the duplicate copy of the nomination in Form 'F' filled by me and duly certified by the employer.

Date:

| | |
|--|--|
| | |
|--|--|

 /

| | | |
|--|--|--|
| | | |
|--|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

D D M M M Y Y Y Y

Signature of the employee

IBM confidential