**Nomination Form**

I nominate the following person/s, to whom in the event of my death, all applicable dues from Cognext including claim amount receivable from Insurance Companies (if any) under the Group Life / Medical / Accident Insurance should be paid:

|  |  |  |
| --- | --- | --- |
|  | Nominee 1 | Nominee 2 |
| Name |  |  |
| Address |  |  |
| Contact No. |  |  |
| Relationship with Nominee |  |  |
| Date of Birth |  |  |
| Age (years) |  |  |
| % Share of total dues |  |  |

As the nominee is a minor on this date, I appoint (Name and Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to receive the amount and entitlements due to me on behalf of the nominee, in the event of my death, till such time that the nominee becomes major.

I do hereby declare that what is stated above is true to the best of my knowledge and belief.

Employee Name:

Employee Number:

Signature:

Date:

**Witness**

Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_