

Nominee Form

Employee name: Krishnendu Pramanik

Employee number: IN010155337

Nominee	Nominee Relationship	Nominee DOB	Nominee Gender	Share %
Koyel Mondal	Spouse/Partner	1994-12-14	FEMALE	100

I confirm that the information provided above is accurate to the best of my knowledge and can be used as the basis for distribution of claims payout if any, in the event of my death.

Date: 2025-05-14

Signature: Krishnendu Pramanik

Next Important steps to complete nomination

1. Print the form
2. Sign the printed form
3. Scan and Upload signed form by clicking "Upload Form" button (File format: jpg, jpeg, pdf)
4. Nomination Form should be uploaded within 7 days after declaration in the system. After 7 days it will consider as invalid declaration.