## (7) Appendix FORM "F"

#### FORM FOR NOMINATION

I \_\_\_\_\_ am an employee of QUALCOMM India Private Limited (the "Company"). I hereby nominate the persons (s) mentioned hereunder as my nominee to

receive the gratuity, payable after my death as also the gratuity standing to my credit in

To,
Head, Human Resources
Qualcomm India Private Limited
Plot No.125-127,Phase II,EPIP layout,Whitefield,Bangalore-560066

Dear Sir,

the event o	f my death before that as on paid.	mount has become	payable or having	g become payable
	irect that the gratuity principal indicated against their re			ominee (s) in the
Sl.No.	Name in full with full Address of Nominee/s (Employee)	Relationship with the Member	Age of Nominee/s	Proportion by which gratuity (total benefits) will be shared by each Nominee
1				
2				

I hereby certify that the person(s) mentioned herein above is a member/ are members of my family within the meaning of section 2(h) of the Payment of Gratuity Act, 1972.

I hereby declare that I have a family/ no family within the meaning of section 2(h) of the Payment of Gratuity Act, 1972 (Please tick whichever is applicable).

Should I acquire family hereafter the appointment of nominee(s) made hereinabove should be deemed as cancelled.

My father/mother/parents is/are not dependent on me. (Please tick whichever is applicable.)

## To be filled in by female employees only

My husband's father/mother/parents is/are not dependent on my husband. (Please tick which ever is applicable)

# To be filled in by any female employee who has excluded her husband from receiving gratuity

I have excluded my husband from my family by a notice dated [\_\_\_] [Please insert the date] to the controlling authority in terms of section 2(h) of the Payment of Gratuity Act, 1972.

I also declare that this appointment of Nominee/s made herein shall have the effect of my revoking the appointment of Nominee/s made by me earlier.

#### I GIVE BELOW THE PARTICULARS ABOUT MYSELF:

Full Name:	
Sex :	•••••
Date of appointment:	
Department where employed:	
Designation	
Employee Number:	
Father's Name :	
Husband's Name (For married women) :	
Marital Status :	
Date of birth :	
Permanent Address:	
State:	***************************************
Pincode:	
Signed atthis	day
of200	
Place	
Sign	nature of Member (Employee)

## **DECLARATION BY WITNESS**

The nomination form has been signed before me

	Name	Address	Signature	Date			
1.							
2.							
Place							
Certified that the particulars of the above nomination have been verified and recorded in this establishment.							
		Signature of	the authorized pers	on			
Place :		Designation Name and	on: address of the estab				
NOTE:							

#### N

- (1) Where an Employee/Member has a family at the time of appointing a Nominee, the Nomination should be made in favour of members of his family only. Any nomination made by such employee in favour of any other person not belonging to his family shall be invalid.
- (2) An appointment of Nominee made by the Member may be changed at any time after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee), the interest of the Nominee shall revert to the Member (Employee).

- (3) The appointment of Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
- (4) "Family" in relation to an employee, shall be deemed to consist of:
  - (i) in the case of a male employee, himself, his wife, his children, whether married or unmarried, his dependent parents, the dependent parents of his wife and the widow and children of his predeceased son, if any;
  - (ii) in the case of a female employee, herself, her husband, her children, whether married or unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any

Explanation: Where the personal law of an employee permits the adoption by him of a child, any child lawfully adopted by him shall be deemed to be included in his family, and where a child of an employee has been adopted by another person and such adoption is, under the personal law of the person making such adoption, lawful, such child shall be deemed to be excluded from the family of the employee.

#### ACKNOWLEDGEMENT BY EMPLOYEE

Received the duplicate copy of the Gratuity nomination in Form F filed by me and duly certified by the employer

Date

Signature of the Employee