**INFOSYS LTD**

**EMPLOYEE’S SUPERANNUATION FUND TRUST,**

**C/o. INFOSYS LTD.**

Regd. Office: Electronics City, Hosur Road,

Bangalore - 561 229. India.

Tel : (080) 8520261 Fax : (080) 8520362

**NOMINATION FORM**

1. Emp. No.:1288336 do hereby nominate the undernoted person(s) to receive the Superannuation amount and other benefits standing to my credit in the event of my death before the amount/benefits has become payable and direct that the amount standing to my credit shall be paid in proportion indicated against the name(s) of the nominee(s).
2. Nomination made herein invalidates my previous nomination.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name in full of nominee(s)** | **Relationship with the member** | **Date of Birth** | **Percentage Payable** |
| 1 | PINNEPALLI SUBBARAO | FATHER |  | 50.0 |
| 2 | PINNEPALLI VENKATESWARAMMA | MOTHER |  | 50.0 |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |



Place:  ALUR Signature/Thumb impression of the member

Date: 01/08/2022

**C E R T I F I C A T E B Y T H E EM P L O Y E R**

Certified that the particulars furnished in this form have been duly recorded in this Trust.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Trust’s reference no: |  | For Infosys Limited Employees’ Superannuation Fund Trust |
|  |  |  |  |
|  | Date: |  | Signature of the Trustee/Officer authorized |