

## Insurance and Other Benefits Nomination Form

### Vehicle Information

[Investment Declaration FY 202](#)

(Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

[Schedule](#)

[My Nominations](#)

[Deloitte Employee Giving](#)

[Update AADHAAR](#)

[Voluntary Provident Fund \(VPF\)](#)

[Tax Saving Bills](#)

### PART A- Employee Details

SI .No	Details	
1	Name	Praneeth Ganesh Yaji
2	Father's Name/Husband's Name	Ganesh Shivaram Yaji
3	Designation	Staff / Consultants
4	Company's Name	Deloitte
5	Date of Joining	09-Nov-2020
6	Date of Birth	15-Aug-1996
7	Sex	Male
8	Marital Status	Unmarried
9	Address	LIG 2B 6,New K.H.B colony,Sirsi -581402,Uttara kannada,Karnataka

*New!*

### PART B – Nominee Details\*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the company's policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominee's relationship with member	Date of Birth	% Allocation
Jayalaxmi Ganesh Yaji LIG 2B 6 NEW K.H.B colony,Sirsi-581402, Uttara Kannada, Karnataka	Mother	09-Aug-1963	100

\* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled