



NOMINATION FOR AT&T FULL & FINAL SETTLEMENT (F&F)

Employee id: pl465j

I, Prashant Laxmikant, hereby nominate the person/persons mentioned below who is/are member/members of my family, the right to receive the full & final settlement payment that is authorized from AT&T in the event of my death while in service.

(1) Name and addresses of nominee/nominees	(2) Relationship with the employee	(3) Age of the nominee	(4) Percentage proportion by which the F&F will be shared
	Spouse	30	50
	Father	65	25
	Mother	60	25

Total should not be
more than 100%.

NOTE:

1. AT&T Full & Final settlement may include unpaid salary, allowances (Shift, Standby, Overtime), variable pay (Connection Award, AT&T Success Bonus, Sales Incentive Plan, Long Term Incentive as applicable), Annual Leave encashment, unpaid business expense reimbursements and unpaid awards (Long Service, Performance or Recognition)


NAME OF THE EMPLOYEE: Prashant Laxmikant

NAME OF YOUR EMPLOYER: Xandr India Pvt. Ltd

DATE OF JOINING: 16-Mar-2020

PLACE (Work City): Bangalore

DATE: 07-Jul-2021


Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)
Signature of Employee



Insurance Beneficiary Nomination Form

Employer / Entity (Select the appropriate)	Xandr India Pvt. Ltd, 301, Indira Icon, Plot No. 13, No. 98, Right Bhusari Colony, Kothrud, Pune		
Employee Full Name	Prashant		Laxmikant
ATTUID	pl465j		
Gender	Male	Marital Status	Married
Date of Joining (DD/MMM/YYYY)	16-Mar-2020	Date of Birth (DD/MMM/YYYY)	08-Apr-1987

Amount of coverage requested: **As per company policy**

****GPA & GTL:** In the event of my demise, I wish my benefits under the above Policy be apportioned to the following nominated beneficiary (ies).


S. No	Nominee Name	Date of Birth	Relationship	% of Benefit GPA	% of Benefit GTL	Appointee/Guardian Details in case the Nominee is a Minor
1	Shruthi S	12-Jun-1990	Spouse	50	50	
2	Laxmikant	09-Aug-1954	Father	25	25	
3	Shantala	06-Jun-1960	Mother	25	25	
4						
Total Percentage of Benefits				100 %	100 %	

**** GPA - Group Personal Accident & GTL – Group Term Life.**

Note: This nomination is NOT APPLICABLE for Group Medical Cover (GMC). Contact local HRCM team for further details.

IMPORTANT NOTE: I understand that this document will be retained by my Employer and will be used to distribute any benefits arising from the above said Policies. The following nomination invalidates all such nominations made prior to the date of this nomination.

I hereby declare that the particulars stated above are true and to the best of my knowledge.


Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)
Signature of Employee

07-Jul-2021

Date

Place

In the event that you wish to amend your nomination, please contact local HRCM team for a replacement “Beneficiary Nomination Form”.

FORM - F
(See Sub-Rule (1) of Rule 6)

NOMINATION

To
M/s.

Xandr India Pvt. Ltd, 301, Indira Icon, Plot No. 13, No. 98, Right Bhusari Colony, Kothrud, Pune

(Give name or description of the establishment with full address)

I Shri/smt./Kumari.....^{Prashant Laxmikan}.....whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the _____ to the Controlling Authority in terms of the provision to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Full Name along with address of nominee(s)	Relationship with the employee	Age of Nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
1.	Spouse	30	50
2.	Father	67	25
3.	Mother	61	25
4.			

Statement


1. Name of employee in full : Prashant Laxmikan
2. Sex : Male
3. Religion : Hindu

4. Whether unmarried/married/widow/widower : Married
5. Department / branch/Section where employed : Xandr CTO
6. Post held with Ticket or Serial No., if any : pl465j
7. Date of appointment : 16-Mar-2020
8. Permanent address :

Village _____ Thana _____ Sub-division _____

Post office _____ District _____ State _____

Place:
Date: 07-Jul-2021


Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)
Signature / Thumb-impression
of the employee

Declaration by witnesses
Fresh nomination signed / thumb-impressed before me.

Name in full and full
address of witnesses

Signature of witnesses

1.

1.

2.

2.

Place:
Date:

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.
Employer's reference No., if any.

Signature of the employer / officer
authorised designation


for

Name & Address of the establishment /
Rubber-stamp thereof

Acknowledgment by the employee

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

Date: 07-Jul-2021


Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)
Signature of the employee

Note: Strike out the words/paragraphs not applicable.
Note: Please retain with you for any change in marital status at a later date

Definition for Family

(h) "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 un married, his dependent parents 1 [and 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 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:

[1. Substituted for the words "and the widow" by Act No. 22 of 1987, s.2(ii)(a), w.e.f. 1-10-1978]



FORM 2 (Revised)

Employee code pl465j
(Mandatory)

(For Unexempted /Exempted Establishments)

NOMINATION AND DECLARATION FORM

(Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme)

(Paragraphs 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and paragraph 18 of the Employees' Pension Scheme, 1995)

1	Name (in Block Letters)	: Prashant Laxmikant	
2	Father's/Husband's Name	: Laxmikant	Relationship Type: Father
3	Date of birth	: 08-Apr-1987	
4	Sex	: Male	
5	Marital Status	: Married	
6	Account No. (PF/EPS Number)	: DEL/19957/13964	UAN: 101192099362
7	Address (Residential)	: Permanent:	

Temporary:

PART A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate, the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death:

Name and Address of the nominee/ nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee (%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
	Spouse	12-Jun-1990	50	
	Father	08-Aug-1954	25	
	Mother	06-Jun-1960	25	
			100%	

* Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds Scheme, 1952, and should I acquire a family hereafter, the above nomination should be deemed as cancelled.

* Certified that my father/mother is/are dependent upon me.

* Strike out whichever is not applicable.

Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid.

Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)

Signature or thumb impression of the subscriber

Important to check by employee to fill the above

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).
 \$\$ - Applicable to both Married and unmarried: (1) Married -- To any person(s) other than spouse and children.
 (2) Unmarried -- To Parents, Brother, Sister or any other person(s).

For instructions refer bottom of page

Part B (EPS) (Para 18) \$

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

Sl.No.	Name and address of the family members	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1		12-Jun-1990	Spouse
2			
3			
4			

** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees' Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension. \$\$

Name and Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)

Dated the : 07-Jul-2021


Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)

Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari _____ employed in my establishment after he/she has read the entries/the entries have been read over to him/her by me and got confirmed by him/her.

Place: _____

Dated the _____

Signature of the Employer or other authorised
Officer of the establishment

Designation.....
Name and address of the Factory/Establishment
or rubber stamp thereof

Important to check by employee to fill the above

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).
\$\$ - Applicable to both Married and unmarried: (1) Married -- To any person(s) other than spouse and children.
(2) Unmarried -- To Parents, Brother, Sister or any other person(s).

Declaration for Leave Encashment

1. To whom so ever it may concern I^{Prashant Laxmikan}....., Employee number^{pl465j}....., hereby submits an irrevocable resignation on 30-June-2021 to AT&T Communication Services India, International Technology Park Bangalore (ITPB), Whitefield Road, Bangalore - 560066 and claiming Leave Encashment payment in the full and final settlement.

2. I acknowledge the fact that I have not availed Leave Encashment exemption under section 10(10AA) Income Tax Act, 1961 from any of my previous(s) employer's.



OR

I acknowledge the fact that I have availed leave encashment exemption under the respective act in the past from previous(s) employer for an amount of INR_____




Date: 07-Jul-2021

Place (Work city): Bangalore

Witness Name 1: Santosh Kowshik
Address:

Witness Name 2: Shruthi S
Address:


Prashant Laxmikan (Jul 7, 2021 14:17 GMT+5.5)

Employee Signature

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: pl465j

Company: Xandr India Pvt. Ltd

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)


1	Name of the member	Prashant Laxmikant			
2	Father's Name <input type="checkbox"/> Spouse's Name <input checked="" type="checkbox"/> (Please Tick Whichever Is Applicable)	Shruthi S			
3	Date of Birth (DD/MM/YYYY)	08	04	1987	
4	Gender: (Male / Female /Transgender)	Male			
5	Marital Status (married /Unmarried /widow/divorce)	Married			
6	(a) Email ID: (b) Mobile No:	prashant887@gmail.com 9632908822			
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
8*	Whether earlier a member of Employees 'Pension Scheme ,1995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)					
9	a) Universal Account Number (UAN)	101192099362			
	b) Previous PF a/c No	AP	HYD	EST.CODE	EXTN PF NO.
	c) Date of exit from previous employment (DD/MM/YYYY)	30	06	2021	
	d) Scheme Certificate No (if Issued)				
	e) Pension Payment Order (PPO)No (if Issued)				
10	a) International Worker:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	b) If Yes, State Country Of Origin (India /Name of Other Country)				
	c) Passport No				
	d) Validity of Passport (DD/MM/YYYY) to (DD/MM/YYYY)				
KYC Details: (attach Self attested copies of following KYCs) **					
11	a) Bank Account No. & IFS code	ACCNO:50100004748830 IFSC-HDFC0000041			
	b) AADHAR Number (12 Digit)	307896317220			
	c) Permanent Account Number (PAN), If available	AFQPL4787E			

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present P.F Account (The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date: 07-Jul-2021

Place: Bangalore


 Prashant Laxmikant (Jul 7, 2021 14:17 GMT+5.5)

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995
 - (Post allotment of UAN) The UAN Allotted for the member is.....
 - Please tick the Appropriate Option:
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
- C) In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:
 - The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
 - Please Tick the Appropriate Option
 - ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
 - ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment