### INSURANCE NOMINATION FORM



*{To be filled in by employee)*

I, E.Code

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policy Name | Name Of Nominee's | Relationship | Address Of Nominee | % of  distribution |
| Mediclaim I Personal Accident I LifeCover |  |  |  |  |

I further declare that the receiptIs of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon theCompany w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event I claim during my employment with Company.

### Name in Full and full address of Witnesses 1.

**2.**

Date:

### Signature of Witnesses



x

Place: Signature of employee

## NOMINATION FORM



(To be filled by employee)

I,

Address (EMP Code)

Nominate the following personIs, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

|  |  |  |  |
| --- | --- | --- | --- |
|  | Nominee 1 | Nominee.2 | Nominee.3 |
| Name of Nominee |  |  |  |
| Relationship |  |  |  |
| Address of Nominee |  |  |  |
| % of distribution |  |  |  |

## I further declare that the receiptIs of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

### Name in Full and full address of Witnesses 1.

**2.**

Date:

### Signature of Witnesses



x

Place: Signature of employee



FORM.2 (REVISED) NOMINATION AND DECLARATION FORM

FOR UNEXEMPTED I EXEMPTED ESABLISHMENTS

Emp Code:

**Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme** (Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

* 1. Name (in block Letters) :
  2. Father's / Husband's Name :
  3. Date of Birth :
  4. Sex :
  5. Marital Status :
  6. PF Account No. :
  7. Pension Account No. :
  8. Residential Address :

### PART - A (EPF)

I hereby nominate the person(s) I 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 of the  Nominees | Address | Nominee's  relationship with member | Age of Nominee (S) | Total amount of share of  accumulations in Provident Fund to be paid to each nominee | If the nominee is a  minor, name and address of the guardian who may receive the amount during the minority of nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

\*Certified that my father I mother is Iare dependent upon me.

\*Strike out whichever is not applicable.

## x

Signature or Thumb impression of the subscriber

PART-B (EPS) (Para 18)



I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Name and address of the family members** | **Date of Birth** | **Relationship with the member** |
|  |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

\*\*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 pension (admissible under para 16 2(a) (i) and (ii) of Employee's Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Name and Address of the Nominee** | **Date of Birth** | **Relationship with the member** |
|  |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Date:

\*Strike out whichever is not applicable

Signature or Thumb impression of the Subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signedI thumb impressed before me by shri/smt/kum. Employed in my establishment after he/she has read the entries the entries have been read over to him/her be me and got confirmed by him/her.

For Capgemini Technology Services India Ltd Date:

Place:

Authorized Signatory Capgemini Technology Services India Limited

**Note:**

1. UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART- A(EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow and children if unmarried: Mother, Father,

Brother Sister or any other person(s).

1. UNDER THE FAMILY PENSION SCHEME : PART - B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried : Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is

defined as under in case of:

1. **Married**
   1. Wife in the case of male member;
   2. husband in the case of female member; and
   3. Sons and daughter up to age of 25 years

Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

* + 1. **Unmarried**
       1. Mother
       2. Father

\*\*\*\*Further please note a fresh nomination shall be made by the member on hisI her marriage and any nomination made before such marriage shall

be deemed to be invalid.

# FORM F



See Sub-rule (1) of Rule 6

### Nomination

To,

Capgemini Technology Services India Limited

I, ShriI ShrimatiIKumari

Whose recently 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.

* + - * 1. I hereby certify that the person(s) mentioned isIare a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment

of Gratuity Act,1972.

* + - * 1. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
        2. (a) My father ImotherIparents isIare not depend on me.

(b) My husband's fatherImotherIparents isIare not dependent on my husband.

* + - * 1. I have excluded my husband from my family by a notice dated the to the controlling authority interms of the provision to clause (h)of
        2. Nomination made here in invalidates my previous nomination.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name in full with full address of nominee(s)** | **Relationship with the employee** | **Age of nominee** | **Proportion by which the gratuity will be shared** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Statement

1. Full name of the employee :
2. Sex :
3. Religion :
4. Whether unmarriedImarriedIwidowIwidower :
5. DepartmentIBranchISection where employed :
6. Post held with Ticket No. or Serial No., if any :
7. Date of appointment :
8. Permanent Address :

Village: Thana: Sub-division:

Post Office : District: State:

Place: Date:

X

SignatureIThumb-impressed of the Employee



# Declaration of Witnesses

### Nomination signed/ Thumb-impressed before me

**Name in Full and full address of Witnesses 1.**

**2.**

**Place: Date:**

**Signature of Witnesses**



**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 employerIofficer authorized Designation

Date:

Capgemini Technology Services India Limited

# Acknowledgement by the Employee

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

### X

**Date:**

**Signature of the Employee**

Note- Strike out the wordsIparagraphs not applicable