

APPENDIX 1

FORM OF APPOINTMENT OF BENEFICIARY
(NOMINATION)

The Trustees,
_____ Employees Group
Gratuity-Cum-Life Assurance Scheme.

Dear Sir,

I _____ a member of **VNR SEEDS PVT LTD** Employees Group Gratuity Scheme, hereby agree to abide by the Rules of the said Scheme and do also hereby appoint in terms of Rule 18 of the Rules the Beneficiary/ies Nominee/s mentioned hereunder to receive the benefits, payable under the scheme, in the event of my death before the amount become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me, shall be paid to the said Beneficiary/ies Nominee/s in proportion indicated against their respective names as below:-

| Sr.No. | Name of full with Full address of Nominee/s/ Beneficiary/ies | Relationship with the Member (Employee) | Age of Nominee/s Beneficiary/ies | Proportion by which gratuity (total benefits) will (total be shared by each Nominee beneficiary. |
|--------|--|--|-------------------------------------|--|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Emp.Code:- _____

Date of joining: _____

Date: -
Location

Signature

I hereby certify that the person mentioned herein above is/are my wife/children/lawfully adopted child/dependent parents/husband.

I hereby declare that I have no family and should I' acquire family hereafter the appointment of Beneficiary/Nominee should be deemed as cancelled.

My father/mother/parents/sister ('s)/minor brother(s) is/are not dependent on me.

My husband's father/parents is/are not dependent on me.

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

I give the below particulars about myself: -

1. Full Name : _____
2. Sex : _____
3. Religion : _____
4. Father's Name : _____
5. Husband's Name : _____
(For married women only)
6. Marital Status : _____
7. Date of Birth : _____ / _____ / _____
8. Permanent Address : _____

Signed at **RAIPUR** this _____ day of _____ 20 _____

Two witness to the signature

(Signature of Member/Employee)

| | Name | Address | Signature |
|----|-------|---------|-----------|
| 1. | _____ | | |
| 2. | _____ | | |
| 3. | _____ | | |

Certified that the above appointment of Beneficiary Nominee has been signed by Shri/Smt./ _____ before me after he/she has read the entries, the entries have been read to him/her by me and that the said appointment of beneficiary/Nominee is recorded under the scheme on _____.

Place:

Date:

Signature of Trustee's

For self and Co- Trustees of

Group Gratuity Scheme.