



## FORM-I

### Nomination and Declaration Form

(See Rule 3 of the Payment of Wages (Nomination) Rules, 2009)

Employee Name	:	Shiva Kumar G.R	Employee PAN ID	:	BVFPR28636
Father's Name / Husband's Name	:	Basavarajappa G	Marital Status	:	married
Address - Permanent	:	Bettakodur (V) Channagiri (T) Davangere (D) - 577215	Sex	:	Male
Address - Temporary	:	Keshav mansion Chitradurga Tajlaxmi Layout, - 577222	Date of Birth (DD/MM/YYYY)	:	12/05/1986

I hereby nominate the person(s)/ cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my Death.

Full name & address of the nominee / nominees	Relationship	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee *	If the nominee is minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
Pooja .S.N Bettakodur (V) Kanchigopal (P) Channagiri (T) Davangere (D) 577215	Wife	26/02/1993	50%	
Sharadamma Bettakodur (V) Kanchigopal (P) Channagiri (T) Davangere (D) 577215	Mother	04/06/1970	50%	



1. *Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.*
2. *Certified that my father/mother is/are dependent upon me.*
3. *The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentage.*
4. *Strike out whichever is not applicable.*

## GROUP TERM LIFE AND PERSONAL ACCIDENT BENEFICIARY NOMINATION FORM

I hereby nominated the person(s)/ cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my Death.

Full name & address of the nominee / nominees	Relationship	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee *	If the nominee is minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
Pooja .S.N Bettakodur(V) Kanchigamalu(P) Chennagiri(T) Davanangere CD 577215 Shasadamma Bettakodur(V) Kanchigamalu(P) Chennagiri(T) Davanangere CD 577215	wife      Mother		50%      50%	

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. Certified that my father/mother is/are dependent upon me.
3. The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentage.
4. Strike out whichever is not applicable.

**VISA**

21/01/2023

Date

Shiva Kumar G

Signature or thumb impression  
of employee





## **~~CERTIFICATE BY EMPLOYER~~**

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

Place:

Signature of the employer or other authorized  
officer of the establishment and designation.

Date:

**IMPORTANT NOTE:** I understand that this document will be retained by my employer and be used to distribute any benefits arising from the policy and other dues. By completing this form, you are

- Please return this form to your Human Resources Manager/Employer
- In the event that you wish to amend your nomination, please submit the additional copy of this form again to the HR Manager/Employer.