

GPA-GTL INSURANCE NOMINATION FORM 2022 - 23

To,

Synechron Technologies Pvt. Ltd.

Part A – Employee Details

1. Name of the Employee : Swathi Banakar
2. Employee ID : 85607
3. Date of Birth : 18/05/2002
4. Date of Joining : 23/09/2024
5. Contact No. of the Employee : 9353880448
6. Emergency contact numbers of family member/s Karibasappa Banakar
(Name & contact numbers): 9901770542
7. Emergency contact numbers of office colleague/s
(Name & contact numbers):

Part B – Nominee Details

I hereby nominate the person(s) mentioned below to receive the Claim amount with respect to Employee sponsored and Voluntary GTL cover facilitated by Synechron Technologies Pvt. Ltd. In the event of my death.

	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee	Karibasappa Banakar		
Address of the Nominee	Bendigere Harapanahalli Vijayanagara 583137		
Nominee's relationship with the employee	Father		
DOB of Nominee	01/06/1970		
Share to be paid to Nominee	100%		

Place: BCIT, Bangalore

Date: 23/09/2024

Signed by:
Swathi Banakar
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Signature of the Employee