

**GRATUITY FORM 'F' (Nomination)**

[See sub-rule (1) of rule 6]

To

IDFC FIRST Bank Limited Employees' Group Gratuity Scheme

1. Shri / Shrimati / Kumari Varun Khurana whose particulars are 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 proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

S. No	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1	Veena Khurana, 78/24 Block-8, Govind Nagar Kanpur, Kanpur, Uttar Pradesh, 208006	Mother	60	100

Statement

1. Name of employee in full : Varun Khurana
2. Sex : Male
3. Religion :
4. Whether : Single
unmarried/married/widow/widower
5. Department/Branch/Section where : Information Technology
employed
6. Post held with Ticket or Serial No., : 2004200, 181283
if any
7. Date of appointment : 07/02/2022
8. Permanent address : 78/24 Block-8, Govind Nagar Kanpur, Kanpur

Village :

Thana : Kanpur

Post Office : 208006, Kanpur

State : Uttar Pradesh

Date: 14/01/2022

X

Signature/Thumb impression of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me:

S. No	Name and Address of the witnesses in full	Signature of witnesses
1.		
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:

For **IDFC FIRST Bank Limited**

Date:

Authorized Signatory
IDFC FIRST Bank Ltd, Naman Chambers,
C-32, G Block, BKC, Bandra (E), Mumbai - 4000051

Acknowledgement by the employee

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

Date:

X

Signature/Thumb impression of the employee

IDFC FIRST Bank Limited

Naman Chambers, C-32, G-Block, Bandra-Kurla Complex, Bandra (E), Mumbai 400 051 Tel: + 91 22 4222 2000/ 6147 8383

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