

Nominee Declaration Form
(For GTLI, GPA, EDLI, and Gratuity Insurance)

Section A: Employee Details

1. **Full Name of Employee:** _____
 2. **Employee ID (if allotted):** _____
 3. **Date of Birth:** _____
 4. **Date of Joining:** _____
 5. **Mobile Number:** _____
 6. **Personal Email ID:** _____
 7. **Permanent Address:**
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Section B: Nominee Details

Name of the Nominee	Relationship with the employee	Nominee DOB	Nominee Address	Nominee Contact number	Share (%)

(If Nominee is a Minor)

- **Name of Guardian:** _____
 - **Relationship with Minor Nominee:** _____
 - **Guardian's Contact Number:** _____
 - **Guardian's Address:**
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Section C: Declaration by Employee

I, Mr./Ms. _____, hereby declare the above-mentioned person(s) as my nominee(s) to receive the applicable benefits payable by ValueMomentum Software Services Pvt. Ltd., in the unfortunate event of my demise.

- Group Term Life Insurance (GTLI)
- Group Personal Accident Insurance (GPA)
- Employees' Deposit Linked Insurance (EDLI)
- Gratuity Insurance

I confirm that the details provided are true to the best of my knowledge, and I understand that this nomination will supersede any previous nominations made by me for the above-mentioned benefits. I also undertake to inform the HR Department of any changes in nominee information in the future.

Signature of Employee: _____

Date: _____

Place: _____
