

### **Declaration**

I, Lajitha Soundarapandian

Employee ID: -1

Career Level & Designation: 12

Location: Chennai

Do hereby confirm my willingness to work in any shift including night shift. I am aware that the shift times are subject to change and I agree to adhere to the same.

I also hereby confirm that I am aware of the Accenture Transport Policy and the provision whereby home pick-up and drop facility is provided to women employees working during night shifts, accompanied by either a security guard or a male employee as applicable. I am also aware of the Accenture Transport helpline numbers which I can call in case of any emergency.

Signature:

Date: 26/06/2024

**Form 'F'**

Nomination under Payment of Gratuity Act, 1972 [Rule 6(1)]

The Trustees

Accenture Employees Group

Gratuity cum Life Assurance scheme.

Name	LAJITHA	Father Name/ Husband Name	Father: SOUNDARA PANDIAN N	Sur Name	SOUNDARAPANDIAN
Sex	FEMALE	Employee Code	-1		
Religion	HINDU	Martial Status	single		
Date of Birth		Permanent Address:	NO 406 NATARAJA 3RD BLOCK, PANDYA HOME, TPM NAGAR, THENI MAIN ROAD, VIRATTIPATHU		
Date of Joining	26/06/2024				
I 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 names(s) of the nominee(s).					
Sr.No	Name in Full with full address of Nominee/s	Relationship with the Employee	Age of Nominee/s	Proportion by which Gratuity will be shared	
1	SOUNDARA PANDIAN N NO 406 NATARAJA 3RD BLOCK, PANDYA HOME, TPM NAGAR, THENI MAIN ROAD, VIRATTIPATHU	FATHER	55	100	
2. I have no family and should I acquire a family hereafter, the above nominations shall be deemed to be cancelled and fresh nominations in favor of one or more of my family members shall be provided by me. 3. 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. 4. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act. 5. (a). I hereby certify that my father/mother/parents is/are not dependent on me. (b). My husband's father/mother/parents is/are not dependent on my husband. 6. I have excluded my husband from my family by a notice dated .....to the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act. 7. Nomination made herein invalidates my previous nomination. <b>• Strike out the words/paragraphs not applicable..</b>					
Dated this <u>26</u> day of <u>06</u> 2024 at <u>CHENNAI</u>					

<p align="center"><b>Declaration By Witnesses</b> Nomination signed/thumb impressed before me.</p> <p>Name in full and full address of witnesses                      Signature of witnesses</p> <p>1. _____ 1. _____</p> <p>2. _____ 2. _____</p> <p>Place: _____ Date: _____</p>		<p align="center"><b>Signature of Employee</b></p>			
<p align="center"><b>CERTIFICATE BY THE EMPLOYER</b></p> <p>Certified that the particulars of the above nomination &amp; declaration have been verified and recorded in the establishment.</p> <table border="1"> <tr> <td>Place: _____</td> <td rowspan="2"> <p align="center"><b>Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.</b></p> </td> </tr> <tr> <td>Date: _____</td> </tr> </table>			Place: _____	<p align="center"><b>Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.</b></p>	Date: _____
Place: _____	<p align="center"><b>Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.</b></p>				
Date: _____					
<p align="center"><b>ACKNOWLEDGMENT BY THE EMPLOYEE</b></p> <p>Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.</p> <table border="1"> <tr> <td>Place: _____</td> <td rowspan="2"> <p align="center"><b>Signature of Employee</b></p> </td> </tr> <tr> <td>Date: _____</td> </tr> </table>			Place: _____	<p align="center"><b>Signature of Employee</b></p>	Date: _____
Place: _____	<p align="center"><b>Signature of Employee</b></p>				
Date: _____					
<p><b>GF_ -1</b></p>					

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## Nomination form for other Benefits

Accenture Solutions Pvt. Ltd,  
Plant 3, Godrej & Boyce Complex,  
Pirojshanagar, Vikhroli (West),  
Mumbai – 400 079.

Name	Lajitha Soundarapandian		Father Name/ Husband Name	Father:	SOUNDARA PANDIAN N
Employee Code	-1	Date of birth		Date of Joining	26/06/2024
Gender	Female		Marital Status	single	

I hereby nominate the person(s) mentioned below to receive all my dues after my death in proportion indicated against the name(s) of the nominee(s).

### Group Personal accident

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

### Full & Final payments (ie unclaimed reimbursement, unpaid salary, leave etc)

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

### Employees Deposit Link Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

### American Express Corporate Credit Card

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

**Group Mediclaim**

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

**Future Service Liability**

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

**Overseas Travel Insurance**

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

**Group Term Life Insurance**

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	SOUNDARA PANDIAN N No 406 NATRAJA 3RD BLOCK PANDYA HAPPY HOMES VIRATTIPATHU TH	FATHER	55	100

**Declaration by Witnesses:**

Name		Name	
Employee code		Employee code	
Signature		Signature	
Place		Place	
Dated		Dated	

Employee Code	-1	Location	Chennai
Employee Signature		Date	26/06/2024

**Certificate by the Employer:**

Certified that the above nomination as declared by the employee is taken on record.

Place	Chennai	Signature of Authorized Signatory For Accenture Solutions Pvt. Ltd
Date	26/06/2024	
ON_-1		