#  F O R M – ‘F’

*[See sub-Rule (1) of Rule 6]*

# Nomination

To,

**Savills Property Services (India) Private Limited**, 15th Floor, SKAV SEETHALAKSHMI, Corporation No.21, Kasturba Road, Bangalore-560001, Karnataka, India.

I,Shri/Shrimati/Kumari whose particulars are given 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).

1. 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.
2. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
3. (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.

1. 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.

1. Nomination made herein invalidates my previous nomination.

### NOMINEE(S)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S1. 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 | 2 | 3 | 4 |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Statement**

|  |  |
| --- | --- |
| 1. Name of employee in full: |  |
| 2. Sex: |  |
| 3. Religion: |  |
| 4. Whether unmarried/married/widow/widower: |  |
| 5. Department/Branch/Section where employed: |  |
| 6. Post held with Ticket No. or Serial No. if any: |  |

|  |  |
| --- | --- |
| 7. Date of appointment: |  |
| 8. Permanent address: |  |

Place:

Signature/Thumb impression of the employee

## Date:

### Declaration by witnesses

Nomination signed/thumb impressed before me:

## Name in full and full address of witnesses: 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

Signature of the employer/Officer authorized Designation

Name and address of the establishment or rubber stamp thereof.

**Savills Property Services (India) Private Limited**

15th Floor, SKAV SEETHALAKSHMI, Corporation No.21, Kasturba Road, Bangalore-560001, Karnataka, India

### Acknowledgement by employee

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

Date: Employee’s Signature