Form 'F' [see sub-rule (1) of Rule 6] Nomination

| Emp. Code No | |
|--------------|--|
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| То |
|--|
| HCL Technologies Limited- BPO Services |
| B-34/3 Sector 59 Noida 201307 |

| I, Shri./Shrimati/Kumari | |
|--|--------------------------------|
| HILAL PARVEZ | (name in full here) whose |
| particulars are given in the statement | |
| below, hereby nominate the person(s) mer | ntioned below to receive |
| the gratuity payable after my death as also | gratuity standing to my credit |
| in the event of my death before the amoun | t has become payable, or |
| having become payable has not been paid | and direct that the said |
| amount of gratuity shall be paid in the prop | ortion indicated against the |
| name(s) of the nominee(s). | |

- 2. I hereby certify that the person(s) mentioned is/are a 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 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.



| Name in full with full Address of nominee(s) | Relationship with the employee | Age of nominee | Proportion by which the Gratuity will Shared | |
|---|--|--|---|------------|
| (1) | (2) | (3) | (4) | |
| | | | | |
| | Statement | | | |
| 1.Name of employee in fu 2.Sex Male | III HILAL PARVEZ | | | |
| 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 | e Code | I, T- HASANPUR | | |
| 4.Whether unmarried/mai 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 | ction where employed e Code -Dec-2022 | | narvoz. | |
| 4.Whether unmarried/mai 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 8.Permanent address 13 | ction where employed e Code -Dec-2022 | Hilal p Hilal parvez (I Signature/ | PAYVEZ ec 5, 2022 18:15 GMT+5.5) Thumb impression employee | |
| 4.Whether unmarried/mar 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 8.Permanent address 13 Place_Chennai | ction where employed e Code -Dec-2022 | Hilal p Hilal parvez (I Signature/ of the | Thumb impression | |
| 4.Whether unmarried/mar 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 8.Permanent address 13 Place_Chennai | ction where employed e Code -Dec-2022 5 , VILLAGE AND POST- DHAWARSI Declaration by Witnesser | Hilal p Hilal parvez (I Signature/ of the | Thumb impression | |
| 4.Whether unmarried/mai 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 8.Permanent address 13 Place Chennai Date 06-Dec-2022 | ction where employed e Code -Dec-2022 5 , VILLAGE AND POST- DHAWARSI Declaration by Witnesser | Hilal p Hilal parvez (I Signature/ of the o Signature/ shakivahmad | Thumb impression employee Watersad quadri quadri (Dec 5, 2022 18:20 GMT+5.5) | |
| 4.Whether unmarried/main 5.Department/Branch/Sec 6.Post held with Employe 7.Date of appointment 06 8.Permanent address 13 Place Chennai Date 06-Dec-2022 Nomination signed/thumb impointment in full and full address of 1. Shakiv ahmad quadri | Declaration by Witnesses ressed before me | Hilal p Hilal parvez (I Signature/ of the o Signature/ shakiv ahmad Saad ali 1. saad ali khan | Thumb impression employee Webserrad quadri | ew delhi,1 |

Certificate by the employer

| Certified that the particulars of the above no | mination have been verified and recorded in this |
|--|--|
| establishment. | 1 |
| | Ships Agamal |
| Employer's reference No., if any | Signature of the Employer/Officer Authorised |
| | Designation |
| Date 06-Dec-2022 | |
| | Name and address of the establishment or rubber-stamp thereof. |
| Acknowle | edgement by the Employee |
| Received the duplicate copy of the nomination | on Form 'F" filed by me and duly certified by the |
| employer. | Hilal parvez |
| Date 06-Dec-2022 | Hilal parvez (Dec 5, 2022 18:15 GMT+5.5) Signature of the Employee |
| | |
| | |

Note: Strike out the words/paragraphs not applicable

| | | En | np.Code N | 0. | |
|---|--|---|---|--|--|
| NOMINAT | ON FORM | ı | | | |
| imited | | | | | |
| 201301 | | | | | |
| _ (Name in Full here) , hereby resonal accident Policy , payable a | nominate the per lifter my death in | son(s) mentio proportion ind | ned below licated agai | to receive th | e benefits e(s) of the |
| previous nominations. | | | | | |
| NOMIN | IEE (S) | | | | |
| Address of Nominee | ID No. | Nominee's relationship with the Employee | Age of Nominee | Proportion by which the Insurance amount will be shared | Name of Guardian (In case nominee is a minor) |
| | | | | | |
| | | | | | |
| | | | | | |
| sport No. / Driving License No. / | Voter's ID No. / | PAN Card No. | | | |
| | HILAL PARVE | Z | | | |
| | | | | | |
| | ,RZ-3008,STR | EET NO.34,TUC | GHLAKABAI | D EXTENSION | N,testingEIS,N |
| | Male | | | | |
| | Single | | | | |
| • | 11-Dec-1999 | | | | |
| • | Process Assoc | iate | | | |
| | | | | | |
| | 06-Dec-2022 | | | | |
| | | | | | |
| | ,,,,, | | | | |
| | HILAL PO | <i>AFVEZ</i> c 5, 2022 18:15 GMT+ | 5.5) | | |
| | Limited 201301 (Name in Full here) , hereby sonal accident Policy , payable apprevious nominations. NOMIN Address of Nominee | (Name in Full here) , hereby nominate the personal accident Policy , payable after my death in previous nominations. NOMINEE (S) ID No. | NOMINATION FORM Limited 201301 (Name in Full here) , hereby nominate the person(s) mention is sonal accident Policy , payable after my death in proportion incorprevious nominations. NOMINEE (S) Address of Nominee ID No. Nominee's relationship with the Employee Sport No. / Driving License No. / Voter's ID No. / PAN Card No. HILAL PARVEZ ,RZ-3008,STREET NO.34,TUC Male Single 11-Dec-1999 Process Associate 06-Dec-2022 | NOMINATION FORM Limited 201301 (Name in Full here) , hereby nominate the person(s) mentioned below sonal accident Policy , payable after my death in proportion indicated again previous nominations. NOMINEE (S) Address of Nominee ID No. Nominee's relationship with the Employee Nominee Sport No. / Driving License No. / Voter's ID No. / PAN Card No. HILAL PARVEZ ,RZ-3008,STREET NO.34,TUGHLAKABAI Male Single 11-Dec-1999 Process Associate | (Name in Full here) , hereby nominate the person(s) mentioned below to receive the sonal accident Policy , payable after my death in proportion indicated against the name previous nominations. NOMINEE (S) Nominee's relationship with the Employee Nominee Nom |

Signature or thumb impression of the Employee

DECLARATION BY WITNESSES

Nomination signed/thumb - impressed before me Name in full and full addresses of witnesses

- Shakiv ahmad quadri
 Shakiv ahmad quadri
 Shakiv ahmad quadri,rz-3008,street no-34,tughlakabad.extension,delhi,chand.palace,panchmahalla,Jehanabad,bihar,Delhi,new delhi,110019 saad ali khan
 saad ali khan,rz-3008,street no-34,tughlakabad extension,Delhi,106/81 faiza palace,nazarbagh,lucknow,Delhi,new delhi,110019

| Cianatura | o.f | Witnesses | |
|-----------|-----|-----------|--|
| Siunature | OI. | withesses | |

| ¹ shakir ahmad quadri | Date: | Place: |
|--|-------|--------|
| 2 shakiy ahmad quadri (Dec 5, 2022 18:20 GMT+5.5) Saad ali Khan | Date: | Place: |
| saad ali khan (Dec 5, 2022 18:57 GMT+5 5) | | |

