

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

The Trustees, Baroda U.P. Bank Employees Group Gratuity Trust.

C/O Baroda U.P. Bank, Head Office, Taramandal, Gorakhpur.

I, Shri/Shrimati/Kumari _____

(Name in full here)

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).

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)

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.			
So on.			

Statement

1. Name of employee in full _____
2. Employee Code No. _____
3. Sex _____
4. Religion _____
5. Whether unmarried/married/widow/widower _____
6. Department/Branch/Section where employed _____
7. Date of appointment _____
8. Permanent address:
House No./Bldg./Apt _____ Street/Road/Lane _____
Landmark _____ Area/Locality/Sector _____
Village/Town/City _____ Post Office _____
District _____ Sub-district _____ State _____

Place: _____

Date: _____

Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

- 1. _____

- 2. _____

- 1. _____
- 2. _____

Place: _____

Date: _____

Certificate by the Regional Authorities

Certified that the particulars of the above nomination have been verified and recorded in this Office.

Signature of the RM/Chief Manager
Regional Manager/ Chief Manager

Date: _____

Name and address of the Office or Rubber stamp
thereof.

Acknowledgement

Received the nomination in Form 'F' filed by employee and duly certified by the Regional Authorities.

Date: _____

Signature of Trustees

Note.—Strike out the words/paragraphs not applicable.