



## GAIL (INDIA) LIMITED

### **[Declaration-cum-Nomination Form for Superannuation Benefit Fund]**

I, Mr./ Ms. \_\_\_\_\_ Son/ Daughter/ Wife of \_\_\_\_\_ posted at \_\_\_\_\_ (name of the Work Centre/ Office) here agree to be a Member of the Superannuation Benefit Fund of the Company and nominate the person mentioned below to receive 'Pension' under the relevant provisions of the Scheme of Superannuation Benefit Fund for employees of GAIL (India) Limited in the event of my premature death in service :

S.No.	Name & Address(es) of the Family Member(s)/ Nominee(s)	Relationship with the Employee	Present Age of Nominee(s)	% or share of benefit
1.				
2.				
3.				
4.				

#### **NOTE :**

1. In case of married employee, the spouse should be nominated as sole nominee or as one of the nominees in the event employees prefers to have more than one nominee. Any nomination(s) which does/ do not include spouse in case of married employee shall be void.
2. In case of unmarried employee, the nominee or one of the nominees must be from his/ her family.
3. If an employee nominates more than one person, he/ she shall in his/her nomination specify the amount or share payable to each nominees.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**(Signature of the Employee)**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Discipline : \_\_\_\_\_

Department : \_\_\_\_\_