

APPENDIX

The Trustees

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Dear Sirs,

I S. Alamelu Mangai a Member of the Group Gratuity Scheme
..... the Group Gratuity Scheme hereby agree to
abide by the Rules of the said Scheme and do also hereby appoint in terms of Rule 18 of the Rules, the
Nominee/s mentioned hereunder to receive the benefits, payable under the Scheme, in the event of my death
before that amount becomes payable and having become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me shall be paid to the said
Nominee/s in proportion indicated against their respective names as given below:

Sl.No	Name in full with full Address of Nominee/s (Employee)	Relationship with the Member	Age of Nominee/s	Portion by which gratuity will be shared by each Nominee
1.	K. Venkat Raj	Husband.	37.	50%.
2.	S. Meena.	Mother.	48.	50%.

I hereby certify that the person(s) mentioned herein above is/are y/wife/children/lawfully
adopted child/dependent parents/husband.

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee
made hereunder should be deemed as cancelled.

My father/mother/parents/sister(s)/minor brother(s) is /are not dependent on me.

My husband's father/mother/parents/is/are not dependent on me.

I also declare that this appointment of Nominee/s made herein shall have the effect of my revoking
the appointment of Nominee/s made by me earlier.

I GIVE BELOW THE PARTICULARS ABOUT MYSELF:

- Full Name S. Alamelu Mangai
- Sex Female
- Religion Hindu
- Father's Name A. Sethu Raman
- Husband's Name K. Venkat Raj
(For married women only)

6. Marital Status Married. (Whether married, unmarried, widow or widower).

7. Date of Birth 05/12/1995

8. Permanent Address 321A, Haaxvipatti

Thirupparankundaram (Po) Madurai - 625005

Signed at this day of 2

01

S. Anandhalingam
Signature of Member (Employee)

TWO WITNESSES TO THE SIGNATURE

Name

Address

Signature

1.

2.

Certified that the above appointment of Nominee has been signed by Shri/Shrimati.....

..... before me after
he/she has read the entries/the entries have been read to him/her by me AND that the said appointment of
Nominee is recorded under the Scheme on

Signature of Trustee/s
FOR SELF AND CO-TRUSTEES OF

Please

Date

Group Gratuity Scheme

NOTE:

1. Where an Employee/Member has a family at the time of appointing a Nominee, the Nomination should be made in favor of members of his family only. Any Nomination made by such employee in favor of any other person not belonging to his family shall be invalid.
2. An appointment of Nominee made by the member may be changed at any time after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee), the interest of the Nominee shall revert to the Member (Employee) or his estate.
3. The appointment of the Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
4. For the purpose of the Scheme, Family means Member's (Employee's) spouse, legitimate children/step children, sisters and minor brothers dependents upon him.

The Tamil Nadu Factories Rules

FORM 34

(Prescribed under Rule 93)

Nomination

I hereby required that in the event of my death before resuming work, the balance of my pay due for the period of leave with wages not availed of shall be paid to K. Venkat Ras who is my Husband. and resides at 321 A, Haarvipatti
Thirupparankundaram (Po), Madurai - 625005

Witnesses:---

- (1) _____
(2) _____

S. Hameela Maza
Signature of Worker

NOMINATION OF A BENEFICIARY FOR ALL DUES TO EMPLOYEE

To

HR Department

Care Now Lifesciences Private Ltd

Coimbatore

I, S. Alameh Mangai, an employee of Care Now Lifesciences Private Ltd.

Hereby nominate K. Venkat Raj whose details are given below as the sole person to whom all due accrued to me against Salary/ Bonus/ Ex gratia / Travel/ any other payments, shall be payable by the Company in the event of my death while in the service of the Company.

1. Name of Nominee : K. Venkat Raj2. Address of Nominee : 321 A, Harvepatti, Thirupparankundaram PO, Madurai - 6250053. Relationship with me : Husband

If the age of the nominee on the date when the form is completed is less than 21 years, the following must also be completed.

1. Name of his/her Guardian : NA2. Address of Guardian : NA3. Relationship with Nominee : NA4. Guardian's Signature : NA

(Signature of Employee)

Date: 01-08-2025S. Alameh Mangai

NOTE: 1. Please intimate HR Dept. in case of change in beneficiary.

EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member	S. ALAMELU MANGAI.
2	Father's Name <input type="checkbox"/> Spouse's Name <input checked="" type="checkbox"/> (Please tick whichever is applicable)	K. VENKAT RAJ .
3	Date of Birth: (DD / MM / YYYY)	05/12/1995
4	Gender: (Male/Female/Transgender)	FEMALE
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	MARRIED
6	(a) Email ID: (b) Mobile No.:	Alameluvenkat87@gmail.com 9598732615
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	✓ Yes / No
8	Whether earlier a member of Employees' Pension Scheme, 1995	✓ Yes / No
9	Previous employment details: [if Yes to 7 AND/OR 8 above]	
	a) Universal Account Number:	101255753462
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
10	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
11	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	7330650191.
	b) AADHAR Number	2002 6747 5749 .
	c) Permanent Account Number (PAN), if available	CSJPA1189H

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 01/08/2025
Place: Coimbatore

S. Alamelu Mangai
Signature of Member

DECLARATION BY PRESENT EMPLOYER

- The member Mr./Ms./Mrs. Alamelu has joined on 01-08-25 and has been allotted PF Number
- In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
 - (Post allotment of UAN) The UAN allotted for the member is 101255753462
 - Please Tick the Appropriate Option:**
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
 - In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
 - The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
 - Please Tick the Appropriate Option:-**
 - ☐ The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - ☐ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date: 01-08-25

8
Signature of Employer with Seal of Establishment

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
K. Venkat Rai 321 A, Haarvipatti Thirupparankundaram (Po) Madurai - 625005	10/08/1987	Husband.

Date 01/08/2025

S. Amala Mani
Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt/
Miss S. Subash employed in my establishment after he/she has
read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : 01-08-2025

[Signature]
Signature of the employer or other authorised officer of
the establishment

Name & address of the Factory /Establishment

Place : Cbe

Date : 01-08-2025