|  |
| --- |
| **EMPLOYEE DATA FORM** |

**Beneficiary Nomination Form**

|  |  |
| --- | --- |
| **Personal details** | |
| Full Name: |  |
| Date of joining: (date-month-year) |  |
| Aadhaar no.: |  |
| PAN: |  |
| Date of birth: (date-month-year) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List your primary beneficiary/ies in the space provided below. The percent must equal to 100%.** | | | | |
| Primary beneficiary/ies (Name, address & phone number) | PAN | Date of birth  (date-month-year) | Relationship | Percentage (whole percent) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Authorization** |
| I hereby nominate the person/s listed above as primary beneficiary/ies to receive benefits, related to my employment with  BIGCC Services India Private Limited **(“BRIT”)** (“Company”), upon my death or upon such permanent total incapacitation resulting in the Company being required to determine my nominee. I also understand that I may change this nomination at any time and this nomination automatically cancels and supersedes any previous nominations which I may have made, except for nominations made by me in regard to Provident Fund as per the Provident Funds and Miscellaneous Provisions Act, 1952 and Gratuity as per the Payment of Gratuity Act, 1972, respectively.  If no beneficiary survives me, settlement shall be made to any person who claims entitlement under a valid legal heir certificate or a succession certificate. I understand that in the absence of any claimants or beneficiaries, the Company will have the right to divert such settlement amount to any Company nominated CSR activity. |

This form is not effective unless it is received by BIGCC Services India Private Limited before your death.

It is the employee’s responsibility to inform management of any changes.

Date : Signature:

**Employee Details:**

|  |  |
| --- | --- |
| **Employee Number –** |  |
| **Name –** |  |
| **Address –** |  |
| **Father’s Name –** |  |
| **Spouse Name –** |  |
| **Date of Birth –** |  |
| **Date of joining –** |  |
| **Gender –** |  |
| **Email ID –** |  |
| **Designation –** |  |
| **Grade –** |  |
| **Location –** |  |
| **Department –** |  |
| **Contributing to PF –** | Yes No |
| **Pension withdrawn in Past –** | Yes No |
| **Bank Name –** |  |
| **Bank Branch Name –** |  |
| **Name of account holder in the Bank –** |  |
| **Bank Account Number –** |  |
| **IFSC Code –** |  |
| **PAN number –** |  |
| **Annual Fixed CTC –** |  |
| **Incentive –** |  |
| **Annual Total CTC -** |  |

FORM Q

[See Rule 24(9A)]

APPOINTMENT ORDER

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Place:  Date.«TableStart:Basic»«DateofJoining»«TableEnd:Basic» | Signature Of Employer |
| Acknowledgement by the employee with date & signature. |  |

# FORM – F

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

# NOMINATION

To

# M/s.

1. I Shri/smt./Kumari «TableStart:Basic»«CandidateName»«TableEnd:Basic» 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.

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.
2. 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 |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SL.NO** | **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 or Serial No., if any |  |
| **7** | Date of appointment |  |
| **8** | Permanent address |  |

Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Signature / Thumb-impression

Date: «TableStart:Basic»«DateofJoining»«TableEnd:Basic» of the employee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration by witnesses

Nomination signed / thumb-impressed before me

Name in full and full Signature of witnesses address of witnesses

1. 1.

2. 2.

Place:

Date : «TableStart:Basic»«DateofJoining»«TableEnd:Basic»

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. For

**Authorised Signatory**

Signature of the employer / officer authorised Designation

# M/s. Date.«TableStart:Basic»«DateofJoining»«TableEnd:Basic»

<CLIENT>

BIGCC Services India Private Limited

J Block, 1st Floor

Outer, Ring Rd

Manyata Embassy

Arabic College

Bangalore North

Bangalore- 560045

Karnataka

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment by the employee

Received the duplicate copy of nomination in Form `F’ filed by me and duly certified by the employer.

Date : Signature of the employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Strike out the words/paragraphs not applicable.

# Definition for Family

1. **“Family” in relation to an employee, shall be deemed to consist of –**
2. in the case of a male employee, himself, his wife, his children, whether married or un married, his dependent parents 1 [and the dependent parents of his wife and the widow] and children of his predeceased son, if any.

(ii) in the case of a female employee, herself husband, her children, whether married, or unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any:

1. Substituted for the words “and the widow” by Act No. 22 of 1987, s.2(ii)(a), w.e.f. 1-10-1978]



## FORM – 2 (revised)

**EMPLOYEES’ PROVIDENT FUND ORGANISATION**

**NOMINATION AND DECLARATION FORM**

**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees’ Provident Funds and Employees’ Pension Scheme.

(Paragraph 33 and 61 of the Employees’ Provident Fund Scheme, 1952 & Paragraph 18 of the Employees’ Pension Scheme, 1995)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name (in Block Letters)  **Empid\_\_\_\_\_\_\_\_\_** |  | 8 | Permanent Address |
| 2 | Father’s/Husband’s Name . (in case of married Women) |  | |  |
| 3 | Date of Birth |  | |
| 4 | Sex |  | | Temporary Address |
| 5 | Marital Status |  | |  |
| 6 | Account No |  | |
| 7 | Nationality |  | |

|  |
| --- |
| PART-A (EPF) |

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees’ Provident Fund, in the event of my death:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Address of  Nominee/ Nominees | Nominee’s  Relationship  with the  Member | Date of  Birth | Total amount or share of accumulation in Provident Fund to be paid to each nominee | If the nominee is a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

1. \*Certified that I have no family as defined in para 1(g) of the Employees’ Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

2. \*Certified that my father/mother is/are dependent upon me.

\*Strike out whichever is not applicable. Signature/or thumb impression of the subscriber

FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| Dt. of Joining E.P.F / /20 . | . | ENTRIES VERIFIED |
| Past Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year |  |  |
| Date of Joining EPS / /20 |  | D.A S.S A.A.O |

|  |
| --- |
| **PART – B (EPS) Para 18** |

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/widower/children Pension in event of my death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SI. No. | Name of the family member | Address | Date of Birth | Relationship with member |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

\*\*Certified that I have no family, as defined in para 2(vii) of Employees’ Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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

|  |  |  |  |
| --- | --- | --- | --- |
| SI. No. | Name & Address of the nominee | Date of Birth | Relationship with the member |
|  |  |  |  |

Date

\*Strike out whichever is not applicable. 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./Kum «TableStart:Basic»«CandidateName»«TableEnd:Basic» employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the Employer or other authorised Officers of the Establishment

Designation

Date:

BIGCC Services India Private Limited

J Block, 1st Floor

Outer, Ring Rd

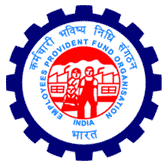
Manyata Embassy

Arabic College

Bangalore North

Bangalore- 560045

Karnataka



**Composite Declaration Form-11**

**(To be retained by the employer for future reference)**

**EMPLOYEES’ PROVIDENT FUND ORGANISATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Member | | | |  | | | | |
| 2 | Father’s Name  Spouse’s Name | | | |  | | | | |
| 3 | Date of Birth: (DD /MM/YYYY) | | | |  | | | | |
| 4 | Gender: (Male/female/Transgender) | | | |  | | | | |
| 5 | Marital status (Married/Unmarried/widow/widower/Divorcee) | | | |  | | | | |
| 6 | (a) Email ID:  (b)Mobile Number: | | | |  | | | | |
| 7 | Present employment details:  Date of joining in the current establishment (DD/MM/YYYY) | | | |  | | | | |
| 8 | ­KYC Details: (attach self-attested copies of following KYCs) | | | |  | | | | |
| a) Bank Account No:  b) IFS Code of the branch: | | | |  | | | | |
| c) AADHAR Number | | | |  | | | | |
| d) Permanent Account Number (PAN), if available | | | |  | | | | |
| 9 | Whether earlier a member of Employees’ Provident Fund Scheme, 1952 | | | |  | | | | |
| 10 | Whether earlier a member of Employees ‘Pension Scheme, 1995 | | | |  | | | | |
| 11 | Previous employment details: [if Yes to 9 AND/OR 10 above]  – Un- exempted | | | |  | | | | |
| Establishment Name & Address | Universal Account Number | PF Account Number | Date of Joining (DD/MM/YYYY) | | Date of exit (DD/MM/YYYY) | Scheme Certificate No. (if issued) | PPO Number (if issued) | Non-Contributory Period (NCP) Days |
|  |  |  |  | |  |  |  |  |

**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)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 12 | Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trust | | | | | | |
| Name & Address of the Trust | UAN | Member EPS A/c Number | Date of joining  (DD/MM/YYYY) | Date of exit (DD/MM/YYYY) | Scheme Certificate No. (if issued) | Non-Contributory Period (NCP) Days |
|  |  |  |  |  |  |  |
| 13 | **a) International Worker:** | | | **YES / No** | | | |
| b) If yes, state country of origin (India/Name of other country) | | |  | | | |
| c) Passport No. | | |  | | | |
| d) Validity of passport [(DD/MM/YYYY)] to [(DD/MM/YYYY)] | | |  | | | |

2

**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/e-KYC 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 as I am an Aadhar verified employee in my previous PF Account. \*
4. In case of changes in above details, the same will be intimated to employer at the earliest.

Date:«TableStart:Basic»«DateofJoining»«TableEnd:Basic»

Place: Signature of Member

3

**DECLARATION BY PRESENT EMPLOYER**

1. The member Mr/Ms/Mrs «TableStart:Basic»«CandidateName» has joined on «DateofJoining»«TableEnd:Basic» and has been allotted PF No. …………………………………………. and UAN…………………………………………………………….
2. In case the person was carlier not a member of EPF Scheme, 1952 and EPS, 1995:

* **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/e-sign.

1. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

* **Please Tick the Appropriate option:**
* The KYC details of the above member in the UAN database have been Approved with E-sign/Digital signature Certificate and transfer request has been generated on Portal.
* The Previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:«TableStart:Basic»«DateofJoining»«TableEnd:Basic»

Signature of Employer with Seal of Establishment

\*Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.

**RECEIPT AND ACKNOWLEDGEMENT FOR POLICY ON PREVENTION OF SEXUAL HARASSMENT (POSH) AT THE WORKPLACE**

This is to acknowledge that I have received/read the copy of the POSH Policy of BIGCC Services India Private Limited **(‘Company’)**. It sets forth the policy and modalities for administering those incidents pertaining to sexual harassment at the workplace. I understand and agree that it is my responsibility to read and familiarize myself with all of the provisions of the policy. I understand the provisions of this policy, and that the Company reserves the right to amend, modify, rescind, delete, supplement or add to the provisions of this policy as it deems appropriate from time to time in its sole and absolute discretion. The Company will attempt to provide, notification of any other changes as they occur.

I am committed to abide by the policy and to act in a professional manner that will respect the dignity of our colleagues, seniors, subordinates and all stakeholders and create harmonious work environment.

I hereby also affirm that I have undergone awareness training on Sexual Harassment (Prohibition, Prevention and Redressal) at the workplace organized by the Company.

I have understood the meaning and content of the training programme. My conduct shall be subject to the Anti-Sexual Harassment Policy of the Company.

I am aware of the constitution of the Internal Committee (IC) in the Company.

I understand that any person found guilty of violating the Policy on Prevention of Sexual Harassment as substantiated by data and facts, shall be subject to appropriate disciplinary action, leading upto and including termination of services with/or without compensation based on severity of case. In case a complaint is filed under the Indian Penal Code, at the option of the complainant, the respondent may also have to face imprisonment, the term of which may range between 1 - 3 years or with fine or both.

Date:

Employee Name:

Employee Id:

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date.