

NOMINATION FORM

TO,

THE NEW INDIA ASSURANCE EMPLOYEES' COOPERATIVE  
THRIFT AND CREDIT SOCIETY LTD, Regd.No.x-413,  
FATHIMA AKHTHAR COURT.NO:453, ANNA SALAI,  
TEYNAMPET, CHENNAI – 600 018.

Dear Sirs,

I \_\_\_\_\_ a member of the New India Assurance Employees Cooperative Thrift and Credit Society Ltd, hereby agree to abide by the Rules of the Scheme ( Share Capital, Thrift Deposit, Family Welfare Deposit, Member Welfare Fund, LIC and any other benefits if any), and hereby appoint the Nominee/s mentioned hereunder to receive the above benefits payable in the event of my death before that amount becomes payable or having become payable but has not been paid.

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

SL NO	NAME WITH FULL ADDRESS OF NOMINEE/S	RELATIONSHIP WITH THE MEMBER	AGE OF NOMINEE/S	PROPORTION BY WHICH SCHEME(TOTAL BENEFITS) WILL BE SHARED BY EACH NOMINEE

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 earlier.

**I GIVE BELOW THE PARTICULARS ABOUT MYSELF**

- 01 FULL NAME:
- 02 SEX:                      AGE:                      DATE OF BIRTH:
- 03 BRANCH:                      ADMN NO:                      SR NO:
- 04 FATHER'S/ HUSBAND'S NAME:
- 05 MARTIAL STATUS (Whether married or unmarried) :
- 06 MOBILE NUMBER:                      PERSONAL EMAIL ID:
- 07 PERMANENT ADDRESS:

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

WITNESSES TO THE SIGNATURE:

Signature of Member

NAME	ADDRESS
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