

Gratuity Claim Form (with Nominee Details)

Download our comprehensive **gratuity claim form sample** that includes nominee details to ensure a smooth and accurate submission process. This template helps employees provide all necessary information for timely benefits processing. Easily customized to fit individual company requirements, it streamlines gratuity claims efficiently.

A. Employee Details

1. Name of Employee	<input type="text"/>
2. Employee ID/Number	<input type="text"/>
3. Department/Section	<input type="text"/>
4. Date of Joining	<input type="text"/>
5. Date of Leaving (if applicable)	<input type="text"/>
6. Reason for Leaving	<input type="text"/>
7. Address for Correspondence	<input type="text"/>
8. Contact Number	<input type="text"/>
9. Email ID	<input type="text"/>

B. Nominee Details

Nominee Name	Relationship	Date of Birth	Share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Add more rows if there are additional nominees.

C. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I request the payment of gratuity due to me/nominated persons as per company policy and relevant laws.

Place:	<input type="text"/>	Date:	<input type="text"/>
Signature of Employee:		<input type="text"/>	