

NOMINATION DETAILS

I/We the sole holder / Joint holder / Guardian (in case of minor hereby declare that):

- I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the Sole holder or the death of all the joint Holders.
- I/We do not wish to nominate any one for this Demat Account [Strike out what is not applicable.]
[Signatures of all account holders should be obtained on this form].


Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Nominee Name			
*Address			
*City:			
*State:			
* Pin:			
*Country:			
Telephone:			
Fax No:			
UID :			
Email ID			
*Relationship with the BO:			
Date of Birth” (Mandatory if Nominee is a minor):			

 ⁶ First/Sole holder

 ⁵ Second Sole holder

 ⁵ Third Sole holder

IF THE NOMINEE IS A MINOR, DETAILS OF GUARDIAN




*Name of the Guardian of Nominee (if the Nominee is minor):			
*Address of the Guardian of Nominee			
*City			
*State			
*PIN			
*Country			
Age			
Tel: (Res.)			
Mobile Number			
Fax No.			
Email ID:			
*Relationship of the Guardian with the Nominee			
 Signature of Guardian			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one Nominee. If tick not marked default will be first Nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Residual Securities: in case of multiple Nominees, please choose any one Nominee who will be credited with residual securities remaining after distribution of securities as per percentage fo allocation. If you fail to choose one such Nominee, then the first Nominee will be marked as Nominee entitled for residual shares, if any.

*Marked is Mandatory field

This nomination shall supersede any prior nomination made by me/ us and also any testamentary document executed by me / us.

Place: Date:

	First /Sole Holder	Second Holder	Third Holder
Name			
Signature	7 	6 	6 
Note: One witnesses shall attest signatures (s) Thumb impression (s).			
Details of the Witness			
	First Witness	Second witness	
Name of witness			
Address of Witness			
Signature of Witness			

OFFICE USE ONLY

Nomination Form accepted and registered wide Registration No. Dated

For Depository Participant
(Authorised Signatory)

..... (Please Tear here)

Acknowledgement Receipt

Received nomination form																	
DP ID	1	2	0	2	9	8	0	0	Client ID								
Name																	
Address																	
Nomination in favor of First Nominee																	
Second Nominee																	
Third Nominee																	
No Nominee	<input type="checkbox"/> Does not wish to nominate																
Registration No									Registered on	D	D	M	M	Y	Y	Y	Y
Depository Participant Seal and Signature																	