

NOMINATION FORM

DP ID	Client ID	Nomination Registration No.	Dated
<input type="checkbox"/> I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my/our death.			
Nomination Details	Nominee 01	Nominee 02	Nominee 03
Nominee Name :			
*First Name			
Middle Name			
*Last Name			
Percentage of allocation of securities Equally [If not equally, please specify percentage] Or Share of each Nominee	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form			
Nomination Identification Details [Please tick any one of the following and provide details of same]	Nominee 01	Nominee 02	Nominee 03
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Savings Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> DEMAT Account ID [Optional Fields]			
*Address			
*City			
*State			
*Pin			
*Country			
Mobile/Telephone No. [Optional Field]			
Email Id [Optional Field]			
FAX No. [Optional Field]			
*Relationship with the BO :			

To be filled only if nominee(s) is a minor:			
Date of birth (mandatory) (if Nominee is a minor) dd-mm-yyyy			
*Name of the Guardian of Nominee (if nominee is a minor)			
*First Name			
Middle Name			
*Last Name			
*Address of the Guardian of nominee :			
*City			
*State			
*Pin			
*Country			
Age			
Mobile/Telephone No. [Optional Field]			
Email Id [Optional Field]			
FAX No. [Optional Field]			
*Relationship of the Guardian with Nominee :			
§ Guardian Identification details –[Please tick any one offollowing and provide details ofsame]			
<input type="checkbox"/> Photograph & Signature			
<input type="checkbox"/> PAN			
<input type="checkbox"/> Aadhaar			
<input type="checkbox"/> Savings Bank A/c No.			
<input type="checkbox"/> Proof of Identity			
<input type="checkbox"/> DEMAT Account ID			
[Optional Fields]			
	Name(s) of Holder(s)	Signature(s) of holder* (18/28)	
Sole First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

§

Note :

This nomination shall supersede any prior nomination made by the account holder(s), if any.

Residual securities: in case in case of multiple nominees § remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee.