## **Nomination Form**

TM / DP							FORM FOR NOMINATION To be filled in by individual applying singly or jointly)															
Nam Date	e and Address	- 1	_			1	UCC/	DP	(To b	be fi	lled in	by i	ndivid	lual a	app	lying s	singly of	or join	tly)	-	1 1	1
Date							ID	<i>D</i> 1									ID					
I/We	wish to make a	nomina	tion. [A:	s per d	letails gi	ven be	low]															
	ination Details			7	8.																	
	wish to make a t of my / our dea		tion and	do he	reby noi	mınate	the foll	owing	person	1(s)	who s	nall r	eceive	e all t	the	assets	held 11	n my /	our	accou	ınt ın	the
even	t of my / our dea	ш.																				
Nomination can be made upto				Details of 1st Nominee			Details of 2nd Nominee						Details of 3rd Nominee									
	Name of the n																					
1	(Mr./Ms.)	omine	e(s)																			
	(======================================																					
2	Share of	Equa						%						9/	6							%
	each Nominee  [If not equally, please specify percentage]		specify																			
			Any	odd lot	after d	livision s	shall be	e trans	sferr	ed to i	he fi	rst no	mine	e m	ention	ed in t	he for	m.				
								1														
3	Relationship		ie																			
	Applicant ( If	Ally)																				
4	Address of No	minee	(s)																			
	City / Place:																					
	State & Count	ry: N Code				-						1										
5	Mobile / Telep	phone l	No. of																			
	nominee(s) #																					
6	Email ID of n	ominee	e(s) #																			
7	7 Nominee Identification details # [Please tick any one of following and																					
	provide details	of sam	ie]																			
	☐ Photograpl Signature PA	h & \																				
	☐ Aadhaar Sa		ank																			
	account no. Proof of																					
	Identity  ☐ Demat Acco	ount ID																				
Sr. N	Nos. 8-14 should			f nom	inee(s)	is a mi	inor:															
					(-)																	
8	Date of Birth		e of																			
9	minor nomino Name of Gua																					
	(Mr./Ms.) {in	case of	Î																			
10	minor nomine Address of G		-(-)																			
10		uardiai	n(s)																			
	City / Place: State & Count	rv:																				
		PIN C	ode																			
11	Mobile / Tele	phone i	no. of			1													<u> </u>			
10	Guardian#	Y . **	ш																			
12	Email ID of C																					
13	Relationship with nominee		raian																			
14	Guardian Ide	entificat																				
	details # [Plea		any																			
	one of following provide details		nel																			
	☐ Photograph																					
	☐ PAN Aadh	aar Sav	ing																			
	Bank account Identity	no. Pro	of of																			
	□ Demat Acco	ount ID																				

Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature # Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

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

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Name and Signature of Holder(s)*								
1	- 2 3							

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