

Dear Sir/ Madam,

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

- 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].
- 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 death of the Sole holder or the death of all the Joint Holders.

BO Account Details																							
DP ID													Client ID										
Name of the Sole / First Holder																							
Name of Second Holder																							
Name of Third Holder																							

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
*First Name	_____	_____	_____
Middle Name	_____	_____	_____
*Last Name	_____	_____	_____
*Address			
*City			
*State			
*PIN			
*Country			
Telephone / Mobile No.			
Fax No.			
PAN No.			
UID			
E-mail ID			
Relationship with BO			
Date of birth (mandatory If nominee is a minor)			
Name of the Guardian of Nominee (if the nominee is minor):	Nominee 1	Nominee 2	Nominee 3
*First Name	_____	_____	_____
Middle Name	_____	_____	_____
*Last Name	_____	_____	_____
*Address of the Guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone / Mobile No.			
Fax No.			
E-mail ID			
*Relationship of the Guardian with the Nominee:			
*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: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of 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 as Mandatory Field**

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

Place				Date	D	D	M	M	Y	Y	Y	Y
	First/Sole Holder		Second Holder		Third Holder							
Name												
Signature												

Note : One witness shall attest signature / Thumb impression(s).

Details for Witness	First Witness
Name & Address of the Witness	
Signature of the Witness	

(To be filled by DP)

Nomination form accepted and registered wide Registration No. \_\_\_\_\_

Dated : \_\_\_\_\_

For Depository Participant (Authorised Signatory)

Received nomination form :

**Acknowledgement Receipt**

DP ID	1	2	0	2	3	0	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
First - Nominee																	
Second - Nominee																	
Third - Nominee																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.									Registration on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature