

Nomination Details

Nomination Registration No.	Dated

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.**
- I / We **nominate** the following person(s) who is/are entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name :	_____	_____	_____
Middle Name :	_____	_____	_____
*Last Name	_____	_____	_____
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO			
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			
Telephone			
Fax No.			
Email ID			

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Fractional allocation of the securities if any [Please tick the respective nominee, (any one) if tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : The nominee 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 is Mandatory field**

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

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

WITNESS	
NAMES OF WITNESS	
ADDRESS OF WITNESS	
SIGNATURE OF WITNESS	

I/We have 'Rights and Obligations of BO-DP' including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

Signatures	 5 19		
	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			

(Signatures should be preferably in blue ink).