

Nomination Form

**To,
The Depository Participant Name
Address**

Dear Sir/ Madam,

- I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination].

- I/We **nominate** the following person/s who is entitled to receive all Assets / 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 | | | |
| *Percentage of allocation of securities: | | | |
| <input type="checkbox"/> Equally [If not equally, please specify percentage] | % | % | % |
| Or | | | |
| <input type="checkbox"/> Share of each Nominee | | | |

| | | | |
|--|-----------|-----------|-----------|
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i> | | | |
| Nomination Identification Details – [Please tick any one of following and provide details of same] | Nominee 1 | Nominee 2 | Nominee 3 |
| <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields] | | | |
| *Address: | | | |
| *City: | | | |
| *State: | | | |
| *Pin: | | | |
| *Country: | | | |
| Mobile no. / Telephone No: [Optional Fields] | | | |
| Email ID: [Optional Fields] | | | |
| Fax No: [Optional Fields] | | | |
| *Relationship with the BO: | | | |
| To be filled only if nominee(s) is a minor: | | | |
| Date of birth (mandatory if Nominee is a minor): | | | |
| Name of the Guardian of Nominee (if the nominee is minor): | | | |
| *First Name: | | | |
| Middle Name: | | | |
| *Last Name | | | |
| *Address of the Guardian of nominee: | | | |

| | | | |
|---|--|--|--|
| | | | |
| *City: | | | |
| *State: | | | |
| *Country: | | | |
| *Pin: | | | |
| Age | | | |
| Mobile /Telephone no.: [Optional Fields] | | | |
| Email ID: [Optional Fields] | | | |
| Fax No: [Optional Fields] | | | |
| | | | |
| *Relationship of the Guardian with the Nominee: | | | |
| | | | |
| Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields] | | | |
| | | | |

Note : Residual securities: incase of multiple nominees, remaining after distribution of securities as per percentage of allocation. shall be transferred to the first nominee.

*** Marked is Mandatory field**

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination.

| | |
|------------------------|------------------------|
| Details of the Witness | |
| | Witness Details |
| Names of Witness | |
| Address of Witness | |
| Signature of Witness | |

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

Place: _____ Date: _____

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

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

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

======(Please Tear here)=====

Acknowledgement Receipt

Received nomination from :

| | | | | | | | | | | | |
|-------------------------|--|--|---------------|---|---|---|---|---|---|---|---|
| DP ID | | Client ID | | | | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Nomination in favor of | | | | | | | | | | | |
| First - Nominee | | | | | | | | | | | |
| Second - Nominee | | | | | | | | | | | |
| Third - Nominee | | | | | | | | | | | |
| <u>No Nomination</u> | | <input type="checkbox"/> Would like to opt out nomination. | | | | | | | | | |
| Registration No. | | | Registered on | D | D | M | M | Y | Y | Y | Y |

Depository Participant Seal and Signature