

**Nomination details**

|                                    |  |              |  |
|------------------------------------|--|--------------|--|
| <b>Nomination Registration No.</b> |  | <b>Dated</b> |  |
|------------------------------------|--|--------------|--|

I/We **nominate** the following person who is entitled to receive fund and assets balances lying in my/our account, particulars where of are given below, in the event of my / our death.

|                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|
| <b>BO Account Details</b>       |  |  |  |  |  |  |  |  |  | UCC       |  |  |  |  |  |  |  |  |  |  |
| DP ID                           |  |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |  |  |  |
| Name of the Sole / First Holder |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Name of Second Holder           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Name of Third Holder            |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |

| <b>BO Account Details</b>  |             | <b>Nominee 1</b>  | <b>Nominee 2</b>  | <b>Nominee 3</b>  |
|--|-------------|---|---|---|
| Name of the Nominee  | First Name  |   |   |   |
|  | Middle Name |   |   |   |
|  | Last Name   |   |   |   |
| Address  |             |   |   |   |
| City   |             |   |   |   |
| State  |             |   |   |   |
| PIN  |             |   |   |   |
| Country  |             |   |   |   |
| Mobile / Telephone No.   |             |   |   |   |
| Fax No.  |             |   |   |   |
| <b>Nomination Details</b>  |             | <b>Nominee 1</b>  | <b>Nominee 2</b>  | <b>Nominee 3</b>  |
| PAN  |             |   |   |   |
| Email ID   |             |   |   |   |
| Relationship with the BO (If any)  |             |   |   |   |
| Nominee Identification details (Please tick any one of the following and provide details of the same)  |             | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof |
| Date of Birth (minority if the Nominee is a minor)   |             |   |   |   |
| Name of the guardian of Nominee (If Nominee is Minor)  |             |   |   |   |
| Address of the Guardian  |             |   |   |   |
| City   |             |   |   |   |
| State  |             |   |   |   |
| Country  |             |   |   |   |
| PIN  |             |   |   |   |
| Age  |             |   |   |   |
| Mobile / Telephone No.   |             |   |   |   |
| Fax No.  |             |   |   |   |
| Email ID   |             |   |   |   |
| Relationship of the Guardian with the Nominee:   |             |   |   |   |
| Guardian Identification details (Please tick any one of the following and provide details of the same) |             | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhar<br><input type="checkbox"/> Saving bank account<br><input type="checkbox"/> Demat account ID<br><input type="checkbox"/> Identity proof |

|   |  |   |                          |                          |
|---|--|---|--------------------------|--------------------------|
| <b>Share of each nominee</b>  | Equally<br>(If not equally, please specify percentage) | %   | %                        | %                        |
|   |  | <i>Any odd lot after division shall be transferred to the first nominee in the form</i> |                          |                          |
| <b>Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:</b> |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Note :** Residual funds and securities: incase of multiple nominees, please choose any one nominee who will be credited with residual fund and 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 funds and securities, if any.

This nomination shall supersede any prior nomination made by me / us as well as any testamentary document executed by me/us

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness is required, alongwith name and address are required, if the account holder affixes thumb impression instead of signature.

| Details of the Witness | First Witness |
|------------------------|---------------|
| Name of witness        |               |
| Signature of witness   |               |
| Address of witness     |               |



\_\_\_\_\_

Signature of First Holder

Name: \_\_\_\_\_



\_\_\_\_\_

Signature of Second Holder

Name: \_\_\_\_\_



\_\_\_\_\_

Signature of Third Holder

Name: \_\_\_\_\_