

## Nomination Form

## Annexure A

TM / DP Name and Address		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																								
Date	D	D	M	M	Y	Y	Y	Y	UCC/DP ID	I	N					Client ID										
I/We wish to make a nomination. <i>[As per details given below]</i>																										
<b>Nomination Details</b>																										
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																										
<b>Nomination can be made upto three nominees in the account.</b>							<b>Details of 1<sup>st</sup> Nominee</b>							<b>Details of 2<sup>nd</sup> Nominee</b>							<b>Details of 3<sup>rd</sup> Nominee</b>					
1	Name of the nominee(s) (Mr./Ms.)																									
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>					%							%							%					
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																										
3	Relationship With the Applicant (If Any)																									
4	Address of Nominee(s)  City / Place: State & Country:																									
						PIN Code																				
5	Mobile / Telephone No. of nominee(s) #																									
6	Email ID of nominee(s) #																									
7	Nominee 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 <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																									
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>																										
8	Date of Birth {in case of minor nominee(s)}																									
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																									
10	Address of Guardian(s)																									

	City / Place: State & Country:						
		PIN Code					
11	Mobile / Telephone no. of Guardian #						
12	Email ID of Guardian #						
13	Relationship of Guardian with nominee						
14	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. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID						
<b>Name(s) of holder(s)</b>						<b>Signature(s) of holder*</b>	
Sole / First Holder (Mr./Ms.)							
Second Holder (Mr./Ms.)							
Third Holder (Mr./Ms.)							

\* 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)

**Note:**

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)

<b>Name and Signature of Holder(s)*</b>		
1. _____	2. _____	3. _____

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

Nomination accepted & registered vide Registration No. \_\_\_\_\_