

Application for Nomination

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.

I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.



BO Account Details	DP ID	1	2	0	3	4	1	0	0	Client ID									
Nomination Details	Nominee 1			Nominee 2			Nominee 3												
*First Name																			
Middle Name																			
*Last Name																			
*Nominee Address																			
*City																			
*State																			
*Pin Code																			
*Country																			
Telephone / Mobile No.																			
E-mail ID																			
PAN No.																			
UID																			
Relationship with BO																			
Date of birth (mandatory If nominee is minor)	DD/MM/YYYY			DD/MM/YYYY			DD/MM/YYYY												
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																			
*Pin Code																			
*Country																			
Age																			
Telephone / Mobile No.																			
E-mail ID																			
Relationship of the Guardian with the Nominee																			
*Percentage allocation of securities:																			
*Residual Securities (Tick any one)#	<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 is Mandatory field**

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

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Place _____

Date

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

Details of the Witness

Name of witness		Signature of witness
Address of witness		

(To be filled by DP)

Nomination accepted and Registered vide Registration No.		For Depository Participant (Authorised Signatory)
Date	DD/MM/YYYY	