## **NOMINATION FORM**

CLIENT ID	UCC Code		Date
☐ I / We do wish to nominate (	(Please select any one option fo Opt-In) - Fill Annexure A1		ate (Opt-out) - Fill Annexure B1
<u>_</u>	nation (As per details given belo	ow)	t in the event of my/our death.
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name			
*Share of each Nominee			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:			
*Address of Nominee			
Mobile No. :			
Email ID :			
Nominee Identification  Details:  [Please tick any one of following and provide detail of same]  Photograph & Signature PAN Aadhar Saving Bank account no.  Proof of Identity Demat Account ID			
Signature			
*Relationship with the BO :			
Date of Birth (Mandatory if Nominee is a Minor):			
Name of the Guardian of No	ominee (if the nominee is mi	inor):	
*First Name: Middle Name: *Last Name			
Guardian Identification  Details:  [Please tick any one of following and provide detail of same]  Photograph & Signature PAN  Aadhar Saving Bank account no.  Proof of Identity Demat Account ID			
Signature of Guardian			

Nomina	ation Details		N	omine	<b>1</b>			Nominee	2			Nomi	nee 3	3	
*Address of Guardian of															
Age :															
Mobile No.	:														
Email ID :															
*Relationshi Guardian wi	p of the th the Nomin	ee:													
Signature of w	itness, along wi	th the nan	ne and	address	are req	uired,	if the acco	ount holder af	fixes t	humb i	mpressio	n, inst	ead of	signa	tur
	nination sh			,					,				٠,	•	
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older(s)	1	oository  Sole Ho			nali pr		cond H		of the	nom		d Hole			_
_	1				Mail pr				of the	e nom					
Name	First /	Sole Ho	lder o	or	•	Se	econd Ho			<b>&amp;</b>	Thir				
Name	First /	Sole Ho	lder o	or	•	Se	econd Ho	older		<b>&amp;</b>	Thir				
Name Signature	First /	' Sole Ho	lder o	or	•	Se	econd Ho	older ting-Out o		<b>&amp;</b>	Thir				
Name Signature	First / An  An  301645  Holder Name	' Sole Ho	lder o	or	•	Se	econd Ho	older ting-Out o		<b>&amp;</b>	Thir				
Name Signature  DP Id - IN Sole/First H	First / An  N 301645 Holder Name der Name	' Sole Ho	lder o	or	•	Se	econd Ho	older ting-Out o		<b>&amp;</b>	Thir				

Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)\*

1. \_\_\_\_\_\_ 3. \_\_\_\_\_\_

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