Nomination Form

To,
The Depository Participant Name
Address

Dear Sir/ Madam,

☐ I/We wish to make a nomination and do here by nominate the following person(s) who shall receive all the Assets held in my/our account, in the event of the death of my death/our death.

BO Account Details																		
DP ID										Client ID								
Name of the Sole / First Holder																		
Name of Second Holder																		
Name of Third Holder																		

Mandatory details

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	....	....	....
*Percentage of allocation of securities: ☐ Equally [If not equally, please specify percentage] **Or** ☐ **Share of each Nominee**	**%**	**%**	**%**
Any odd lot after division shall be transferred to the first nominee mentioned in the form			
Relationship with the BO:			
*** Date of birth and Name of Guardian to be provided in case of minor nominee (s)**			
Non-mandatory details			
*Address **of Nominee (s) / Guardian in case of Minor:**			
*City/Place :			
*State & Country:			
*Pin **Code**:			
Mobile no. / Telephone No of the Nominee (s) /Guardian in case of			

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Minor :			
Email ID of the nominee (s) / Guardian in cae of minor:			
Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same]			
□ Photograph &Signature □ PAN □ Aadhaar □ Saving Bank account no. □ Proof of Identity □ Demat Account ID			

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**

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	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

Details of the Witness			
	Witness Details		
Name of witness			
Address of witness			
Signature of witness			

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

Place: _____ Date: _____

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 wide 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																	
No Nomination	☐ Would like to opt out nomination.																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature

Public

Declaration for Opting Out of 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 /our 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			

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

Details of the Witness	
	Witness Details
Names of Witness	
Address of Witness	
Signature of Witness	

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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 wide Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

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

Acknowledgement Receipt

Received nomination from :

DP ID									Client ID								
Name																	
Address																	
No Nomination	☐ Would like to opt out nomination.																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature

Public