

## Nomination Form

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

I/We hereby confirm that I/We do not wish to appoint any nominee in my 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.

| Name and Signature of Holder(s)* |                     |                     |
|----------------------------------|---------------------|---------------------|
| 1. _____                         | 2. _____            | 3. _____            |
| <b>(1st Holder)</b>              | <b>(2nd Holder)</b> | <b>(3rd Holder)</b> |

Note:-

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination/opt/ out nomination]

| <input type="checkbox"/> 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. |  |   |  |           |   |           |  |
|--|--|---|--|-----------|---|-----------|--|
| Nomination Details   |  | Nominee 1                                   |  | Nominee 2 |   | Nominee 3 |  |
| 1  | <b>Nominee Name</b>  |   |  |           |   |           |  |
| 2  | <b>Share of each Nominee</b>   | Equally                                     | %  | %         | % |           |  |
|  |  | [If not equally, please specify percentage] | <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i> |           |   |           |  |
| 3  | <b>Relationship With the BO</b>  |   |  |           |   |           |  |
| 4  | <b>Address of Nominee(s)</b>   |   |  |           |   |           |  |
|  | City / Place:<br>State & Country:  |   |  |           |   |           |  |
|  | PIN Code   |   |  |           |   |           |  |
| 5  | <b>Mobile / Telephone No. (optional fields)</b>  |   |  |           |   |           |  |
| 6  | <b>Email (optional fields)</b>   |   |  |           |   |           |  |
| 7  | <b>Nominee Identification details</b><br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID(optional fields) |   |  |           |   |           |  |

| Sr. Nos. 8-14 should be filled only if nominee(s) is a minor: |  |          |  |  |  |                                |  |
|---|--|----------|--|--|--|--------------------------------|--|
| 8   | Date of Birth {in case of minor nominee(s)}  |          |  |  |  |                                |  |
| 9   | Name of the Guardian of Nominee (if nominee is a minor)  |          |  |  |  |                                |  |
| 10  | Address of the Guardian of nominee   |          |  |  |  |                                |  |
|   | 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]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |          |  |  |  |                                |  |
| <b>holder(s) Name(s) of</b>                                   |  |          |  |  |  | <b>Signature(s) of holder*</b> |  |
| Sole / First Holder (Mr./Ms.)                                 |  |          |  |  |  |                                |  |
| Second Holder (Mr./Ms.)                                       |  |          |  |  |  |                                |  |
| Third Holder (Mr./Ms.)  |  |          |  |  |  |                                |  |

**Note:-**

\* Residual securities: in case of multiple nominees, remaining after distribution of securities as per percentage of allocation. the first nominee.

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

[In both the cases i.e. nomination/opt/ out nomination]

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

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

|            | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|--|---------------|--------------|
| Name       |  |               |              |
| Signatures |  |               |              |

*(Signatures should be preferably in blue ink)*

===== (Please Tear Here) =====

**Acknowledgement Receipt**

**Application No.:**

**Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

|                                 |  |
|---------------------------------|--|
| Name of the Sole / First Holder |  |
| Name of Second Holder           |  |
| Name of Third Holder            |  |

**Depository Participant Seal and Signature**