

NOMINATION FORM ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

DP ID	BO ID	UCC CODE
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NOMINATION REGISTRATION NO.:	PLACE	DATE (DD/MM/YYYY)
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I/We wish to make a nomination. [As per details given below]

Nomination Details

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.

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
* FIRST NAME			
MIDDLE NAME			
* LAST NAME			
* ADDRESS			
* CITY			
* STATE			
* PIN CODE			
* COUNTRY			
TELEPHONE NO.			
FAX NO.			
* PAN NO.			
*UID			
EMAIL ID			
* RELATIONSHIP WITH THE BO			
DATE OF BIRTH (Mandatory if nominee is a minor) dd-mm-yyyy			
NAME OF THE GUARDIAN OF NOMINEE (if nominee is a minor)			
* FIRST NAME			
MIDDLE NAME			
* LAST NAME			
* ADDRESS OF THE GUARDIAN OF NOMINEE			
* CITY			
* STATE			
* COUNTRY			
* PIN			
* AGE			

TELEPHONE
FAX NO.
EMAIL ID
* RELATION OF THE GUARDIAN WITH THE NOMINEE
* PERCENTAGE OF ALLOCATION OF SECURITIES
* RESIDUAL SECURITIES [Please select any one nominee, if tick not marked the default will be first nominee]
Guardian PAN / AADHAR NO.

* Marked is a mandatory field

Note - Residual securities: In case of multiple nominees, the first nominee will be marked as nominee entitled for residual shares, remaining after distribution of securities as per percentage of allocation.

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"/> Aadhar	<input type="checkbox"/> Saving Bank account no.
	<input type="checkbox"/> Proof of Identity	
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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"/> Aadhar	<input type="checkbox"/> Saving Bank account no.
	<input type="checkbox"/> Proof of Identity	

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 HOLDER OR GUARDIAN (In case of Minor)	SECOND HOLDER	THIRD HOLDER
NAME			
SIGNATURES			

(Signatures should be preferably in blue ink)

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

----- (Please Tear Here) -----

Application No.

Date:

We hereby acknowledge the receipt of the Account Opening Application Form / Nominee Details / DIS:

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