Residency: Resident

Non Resident

BO ACCOUNT NOMINATION FORM

Please complete all details in CAPITAL letter, Please fill all names correctly. All communication shall be sent only to the correspondence address only the First Named Account Holder as Specified in BO Account Opening Form - 20. Date (DDMMYYYY)-/200 Application No (Name of CDBL Participant) SAR SECURITIES LTD. CDBL Participant ID 6 9 0 Account holder's BO ID 1 2 0 1 6 9 0 0 Name of Account Holder (Insert full name starting with Tittle i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters) I/We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event of death of the sole holder/all the joint holders. 1. Nominee/Heirs Details Nominee 1 Name in Full Short name of Power of Nominee (Insert full name starting with Tittle i.e. Mr./Mrs./Ms/Dr, abreviate only if over 30 characters) Tittle i.e. Mr./Mrs Relationship with A/c Holder: Percentage (%) Address City Post Code State / Division Country Residency: Resident Non Resident Nationality Date of Birth (DDMMYYYY) Guardian's Details (if Nominee is a Minor) Short Name of Account Holder (Insert full name starting with Tittle i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters) Post Code State / Division

Telephone Mobile Fax E-mail

Nationality Date of Birth (DDMMYYYY)

Passport No. Issue Place Issue Date Expirty Date ...

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