



**AIONION CAPITAL MARKET SERVICES PRIVATE LIMITED**  
**REGD. OFFICE: 3RD FLOOR MEERLAN TOWERS, 33 HANUMANTHA ROAD,**  
**ROYAPETTAH, CHENNAI - 600014**

**Trading Account Nomination Form**

Date: \_\_\_\_\_

Trading Code: \_\_\_\_\_

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
Nominee Name: First Name				
Middle Name				
Last Name				
Address				
City				
State				
PIN				
Country				
Telephone No:				
Fax No:				
PAN No:				
UID:				
E-mail ID:				
Relationship with the BO:				
Share of each Nominee	*Equally [If not equally, please specify percentage]	%	%	%

\* Any odd lot after division shall be transferred to the first nominee mentioned in the form

Name	
Signature **	



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Date of birth (Mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (If Nominee is a minor)	GUARDIAN 1	GUARDIAN 2	GUARDIAN 3
First Name			
Middle Name			
Last Name			
Address of the Guardian of nominee			
City			
State			
PIN			
Country			
Age:			
Telephone No.			
Fax No.			
E-mail ID			
Relationship of the Guardian with Nominee			

Name	
Signature **	

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

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.  
The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)