



NOMINATION FORM

To,
Spark Capital Advisors (I) Private Limited
"Reflections", New No. 2, Leith Castle Center Street
Santhome High Road, Santhome, Chennai 600028

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ☐ I/We **do not wish to nominate any one for this demat account.** [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- ☐ I/We **nominate** the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

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

| 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 | | | |
| 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 | | | |

Date:

Details of the Witness

Depository Participant Seal and Signature