

UID Email ID

*Relationship with the BO: Date of birth (mandatory if

(if nominee is a minor)

*Address of the guardian of

*First Name: Middle Name: *Last Name:

*City
*State
*Country
*PIN
Age

Nominee is a minor) dd-mm-yyyy
Name of the Guardian of Nominee



Annexure 3.2 NOMINATION FORM

"Reflect	Capital Advistions", New me High Roa	No. 2	, Leith	ո Cast	le Cer	nter S										
Dear Sir	r/ Madam,															
I/We th	e sole holde	er / Jo	int ho	olders	/ Gua	ardiar	n (in case o	f minor) here	eby de	eclare	that:				
I/	We do no oplicable.]	t wis	sh to	non	ninat	e ar	y one fo	or this	den	nat a	ccol	ınt.	[Strike		what	is not
ac	We nomina count, part I the Joint H	icular	s whe										-			eath of
						E	3O Accoun	t Detai	ls							
DP ID						Client ID										
Name o	of the Sole /	' First	Holde	er												
Name o	of Second H	older														
Name o	of Third Hol	der														
Nomin	ation Detai	ils			Nominee 1				Nominee 2				Nominee 3			
Nomin	ee Name :															
*First I																
	e Name:															
*Last N																
*Addre	ess:															
*City																
*State																
*Pin																
*Coun	try															
Teleph	one No.															
FAX No).															
PAN No.																





Nomination Details	Nominee 1	Nominee 2	Nominee 3
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with			
the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:			

Note: Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

* Marked is Mandatory field

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: Date:

	First/Sole Holder	Second Holder	Third Holder
Name			
Signatures			

Note: **One witness** shall attest signature/ Thumb impression.

Details of the Witness

	First Witness
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No.

dated

Acknowledgement Receipt	
======================================	=
For Depository Participant (Authorised Signat	tory)

Received nomination from:

DP ID								Client ID					
Name													
Address													
Nomination in favor of													
First - Nominee													
Second	- Nom	inee											
Third - N	Nomin	ee											
No Nomination				Does r	not w	ish to noi	ninate						
Registration No						R	egister	ed on					