CDBL Bye Laws Form 23

BO Account Nomination Form

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02.

Application No	Date (DDMMYYYY)
Name of CDBL Participant (Up to 99 Characters)	CDBL Participant ID
Account holder's BO ID	
Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Mrs. / Dr, abbreviate only if over 3	30 characters)
I / We nominate the following person(s) who is/are entitled to receive securitie of the death of the sole holder / all the joint holders.	es outstanding in my/our account in the even
1. Nominee / Heirs Details	
Nominee 1 Name in Full	
Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over	r 30 characters) Title i.e. Mr. / Mrs.
Relationship with A/C Holder:	Percentage (%)
City	
Mobile Phone	
Passport No	
Residency: Resident Non Resident Nationality Date Of E	Birth (DDMMYYYY)
Guardian's Details (if Nominee is a Minor) Name in Full	
Short Name (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 charact	ters)
Relationship with Nominee	Maturity Date of Minor/DDMMYYYY
Address	, , , ,
City	
Mobile Phone	
Passport No	Expiry Date
Residency: Resident Non Resident Nationality Date Of E	Birth (DDMMYYYY)

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Nominee 2 Name in Full																									
Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)															Title i.e. Mr. / Mrs.										
								7 51, 41		Tuto								Τ				1	10.11	T	
Relationship with A/C Holde	r:											Percentage (%)													
Address																									
City										. Coi	ountryTelephone														
Mobile Phone	Fax E-mail																								
Passport No		Iss	ue Plad	ce				Issue	e Dat	e					Ex	piry D	ate								
Residency: Resident	Non Re	esident		Natio	onality						Da	te Of	Birt	n (DI	'MMC	YYYY)									
Guardian's Details (if Nominee is a Minor) Name in Full																									
Short Name (Insert full r																									
Relationship with Nominee	Nominee											ate of Minor(DDMMYYYY)													
Address																									
City										. Coi	untry.							. Telep	hone						
Mobile Phone	Fax E-mail																								
Passport No		Iss	ue Plad	ce				Issue	e Dat	e					Ex	piry D	ate								
Residency: Resident	Non Re	esident		Natio	onality						Da	te Of	Birt	n (Di	'MMC	YYYY)									
2. Photograph of Nor	ninees /	/ Heirs																							
Please paste recent Please paste recent Pleas							ease	e paste recent Please										paste recent							
passport size Photograph passport size Photograph passpor							size Photograph passport size Photog											aph							
Nominee / Heir 1	1 Nominee / Heir 2									(Guardian 1 Gu										ardian 2				
Name									Signature																
Nominee / Heir 1 Guardian 1																									
Nominee / Heir 2																									
Guardian 2																									
First Account Holder																									
Second Account Holder																									