

Nomination Registration No.

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

 Dated

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|---|---|---|---|------------------------------------|---|---|---|------------------------------------|--|--|--|--|--|--|--|
| UCC Code | | | DP ID | I | N | 3 | 0 | 1 | 8 | 9 | 5 | CLIENT ID | | | | | | | |
| | | | DP ID | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | CLIENT ID | | | | | | | |
| I/We wish to make a nomination. [As per details given below] [Client Name] | | | | | | | | | | | | | | | | | | | |
| Nomination Details | | | | | | | | | | | | | | | | | | | |
| 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 can be made upto three nominees in the account. | | | | Details of 1 st Nominee | | | | Details of 2 nd Nominee | | | | Details of 3 rd Nominee | | | | | | | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | | | | | | | | | | | | | | |
| 2 | 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. | | | | | | | | | | | | | | | |
| 3 | Relationship With the Applicant (If Any) | | | | | | | | | | | | | | | | | | |
| 4 | Address of Nominee(s) | | | | | | | | | | | | | | | | | | |
| | City / Place | | | | | | | | | | | | | | | | | | |
| | State | | | | | | | | | | | | | | | | | | |
| | Country | | | | | | | | | | | | | | | | | | |
| | PIN Code | | | | | | | | | | | | | | | | | | |
| 5 | Mobile / Telephone No. of nominee(s) | | | | | | | | | | | | | | | | | | |
| 6 | Email ID of nominee(s) | | | | | | | | | | | | | | | | | | |
| 7 | Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID | | | | | | | | | | | | | | | | | | |
| Sr. Nos. 8-14 should be filled only if nominee(s) is a minor: | | | | | | | | | | | | | | | | | | | |
| 8 | Date of Birth {in case of minor nominee(s)} | | | | | | | | | | | | | | | | | | |
| 9 | Name of Guardian (Mr./Ms.) {in case of minor nominee(s) } | | | | | | | | | | | | | | | | | | |
| 10 | Address of Guardian(s) | | | | | | | | | | | | | | | | | | |
| | City / Place | | | | | | | | | | | | | | | | | | |
| | State | | | | | | | | | | | | | | | | | | |
| | Country | | | | | | | | | | | | | | | | | | |
| | PIN Code | | | | | | | | | | | | | | | | | | |

| | | | | |
|----|---|--|--|--|
| 11 | Mobile / Telephone No. of Guardian | | | |
| 12 | Email ID of Guardian | | | |
| 13 | Relationship of Guardian with Nominee | | | |
| 14 | Guardian Identification Details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID | | | |

| Name(s) of holder(s) | | Signature(s) of holder* |
|--------------------------------------|--|-------------------------|
| Sole / First Holder (Mr./Ms.) | | (11) |
| Second Holder (Mr./Ms.) | | |
| Third Holder (Mr./Ms.) | | |

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

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)

☒ CDSL *Nomination Form for Demat & Trading Account (Individual's Only) (Annexure B) ☐ NSDL

☐ I/We do not wish to nominate any one for this Demat & Trading account.

| | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| UCC Code | | | | | | | | | | | | | | |
| DP ID | I | N | 3 | 0 | 1 | 8 | 9 | 5 | | | | | | |
| DP ID | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | | | | | | |
| Sole/First Holder Name | | | | | | | | | | | | | | |
| Second Holder Name | | | | | | | | | | | | | | |
| Third Holder Name | | | | | | | | | | | | | | |

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)*

Sole/First Holder Name

(11)

Second Holder Name

Third Holder Name

* Signature of witness, along with name and address are required. If the account holder affixes thumb impression, instead of signature