



328, 3rd Floor, Champak Lal Industrail Estate, Near MTNL Office, Sion, Mumbai 400022

Application No:

Date:

DP 

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CLIENT 

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### Additional or Modification on Nomination Details

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

DP ID :	CLIENT ID :		
	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:			
Middle Name:			
*Last Name			
*Address of the Guardian of nominee:			

*City:			
*State:			
*Pin:			
*Country			
Telephone No:			
Fax No:			
PAN No:			
UID :			
Email ID :			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of			
*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.

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
<b>Name</b>			
<b>Signature</b>			

Note: One witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness	
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

For Depository Participant

(Authorised Signatory