

## Nomination Form

**To,  
The Depository Participant Name  
Address**

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 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															

Nominee details									
First Name									
Middle Name									
Last Name									
Address									
City					State				
Country					PIN				
Telephone No.					Fax No.				
E-mail ID									
Relationship with BO (If any)									
Date of birth (If nominee is a minor)									

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name									
Middle name									
Last name									
Address									
City					State				
Country					PIN				
Age									

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

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			
Signature			

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

Details of the Witness		
	First Witness	Second 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)

===== (Please Tear here) =====

**Acknowledgement Receipt**

Received nomination form from :

DP ID										Client ID									
Name																			
Address																			
Nomination in favor of																			
No Nomination	<input type="checkbox"/> Does not wish to nominate																		
Registration No.											Registered on	D	D	M	M	Y	Y	Y	Y

**Depository Participant Seal and Signature**