

## **Nomination Form**

## [Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

| TM / DP  |   |        |     |                          |                            |                                    |    | FORM FOR NOMINATION   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--------|-----|--------------------------|----------------------------|------------------------------------|----|---|-----|------------------------|---|---|------------------------------------|--|--|--|---|--|---|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name and Address   |   |        |     |                          |                            |                                    |    | (To be filled in by individual applying singly or jointly)                                  |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| Date D D M M Y Y   |   |        |     |                          |                            | Y                                  | Y  | Y   | UCC | / DP ID                | Ι | I | N                                  |  |  |  |   |  |   | Client ID                          |  |  |  |  |  |  |  |  |  |  |  |
|  |   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| I/We wish to make a nomination. [As per a  |   |        |     |                          |                            |                                    |    |   |     | · details given below] |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| N  | Nomination Details  |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| I/V<br>of  | 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.   |   |        |     |                          | e                          | Details of 1 <sup>st</sup> Nominee |    |   |     |                        |   |   | Details of 2 <sup>nd</sup> Nominee |  |  |  |   |  |   | Details of 3 <sup>rd</sup> Nominee |  |  |  |  |  |  |  |  |  |  |  |
| 1 Name of the nominee(s) (Mr./Ms.)   |   |        |     |                          |                            | s.)                                |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 2  | Share<br>each   |        | of  | Equally [If not equally, |                            |                                    |    | % %   |     |                        |   |   |                                    |  |  |  |   |  | % |                                    |  |  |  |  |  |  |  |  |  |  |  |
|  | Nomir   | iee    | e   |                          | please specify percentage] |                                    | Ī  | Any odd lot after division shall be transferred to the first nominee mentioned in the form. |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 3 Relationship With the Applicant (If Any)   |   |        |     |                          | t                          |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 4 Address of Nominee(s)  |   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| City / Place:<br>State & Country:  |   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
|  |   |        |     |                          | PIN                        | l Cod                              | le |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 5 Mobile / Telephone No. of nominee(s)   |   |        |     |                          | of                         |                                    |    |   | •   |                        |   |   |                                    |  |  |  | • |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 6  | 6 Email ID of nominee(s)  |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 7 Nominee Identification details – [Please tick any one of following and provide details of same]                |   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| Photograph & Signature □ PAN     Adhaar □ Saving Bank     account no. □ Proof of Identity □     Demat Account ID |   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| Sr. N  | Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:   |        |     |                          |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 8 Date of Birth {in case of minor nominee(s)}  |   |        |     | r                        |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }  |   |        |     | 1                        |                            |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |
| 10   | Addre   | ess of | f G | uardia                   | n(s)                       |                                    |    |   |     |                        |   |   |                                    |  |  |  |   |  |   |                                    |  |  |  |  |  |  |  |  |  |  |  |



|      | City / Place:<br>State & Country:                             |                                   |               |         |                         |  |  |  |  |
|------|---|-----------------------------------|---------------|---------|-------------------------|--|--|--|--|
|      |   | PIN Code                          |               |         |                         |  |  |  |  |
| 11   | Mobile / Tele<br>Guardian                                     | ephone no. of                     |               |         |                         |  |  |  |  |
| 12   | Email ID of Guar  | rdian                             |               |         |                         |  |  |  |  |
| 13   | Relationship of nominee                                       | Guardian with                     |               |         |                         |  |  |  |  |
| 14   | Guardian Identif<br>[Please tick any of<br>and provide detail | one of following                  |               |         |                         |  |  |  |  |
|      | ☐ Photograph & S☐ PAN ☐ Aadha account no. ☐ Pr☐ Demat Account | ar Saving Bank<br>oof of Identity |               |         |                         |  |  |  |  |
|      |   |                                   | Name(s) of ho | lder(s) | Signature(s) of holder* |  |  |  |  |
| Solo | e / First Holder (Mr  | ./Ms.)                            |               |         |                         |  |  |  |  |
| Se   | cond Holder (Mr./N  | Ms.)                              |               |         |                         |  |  |  |  |
| Th   | ird Holder (Mr./Ms  | s.)                               |               |         |                         |  |  |  |  |

## 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)

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