



FORM FOR NOMINATION/ CANCELLATION OF NOMINATION
(To be filled in by individual applying singly or jointly)

Date		D	D	M	M	Y	Y	Y	Y	DP ID	I	N	3	0	3	5	7	5	Client ID																		
L. NOMINATION (<input type="checkbox"/> Depository A/c only <input type="checkbox"/> Trading A/c only <input type="checkbox"/> All <input type="checkbox"/> MF A/c only) * PAN of nominee Mandatory for Nomination in Trading A/c																																					
<input type="checkbox"/> I/We wish to make a nomination and do hereby nominate the person, details of whom are provided on nomination form who is/are entitled to receive securities / fund / Mutual fund units balances lying in my/our account, in the event of my/our death.																																					
<input type="checkbox"/> I/We do not wish to nominate any one for this Demat Account, Trading Account & Mutual Fund and consequently all rights and liabilities in respect of beneficiary ownership in the Securities / Funds / Mutual Fund units held by me/us shall vest in me/us.																																					
Nomination Details																																					
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																																					
Nomination can be made upto three nominees in the account.										Details of 1st Nominee						Details of 2nd Nominee						Details of 3rd Nominee															
1 Name of the nominee(s) (Mr./Ms.)																																					
2 Share of each Nominee		Equally <input type="checkbox"/>																																			
		[If not equally, please specify percentage]																																			
3 Relationship With the Applicant (If Any)																																					
4 Address of Nominee(s)																																					
										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 account no.																																					
<input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account 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)																																					
										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 account no.																																					
<input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																																					
Name(s) of holder(s)																		Signature(s) of holder																			
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)																		C5																			
Second Holder (Mr./Ms.)																																					
Third Holder (Mr./Ms.)																																					
Signature of Witness for Nomination																																					
Name of the Witness										Address										Signature of witness																	
																				W3																	
Date		D	D	M	M	Y	Y	Y	Y																												