


**NOMINATION FORM**

**FOR INDIVIDUAL ONLY**

Client Code: \_\_\_\_\_

Demat A/c No. \_\_\_\_\_

Nomination Details											
I/We wish to make a nomination. [As per details given below] 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 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee								
1	Name of the nominee(s) (Mr./Ms.)										
2	Share of each Nominee Equally <input type="checkbox"/> [If not equally, specify %]	%	%								
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 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) 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 account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID										
CLIENT SIGNATURE *											
	First / Sole Holder	Second Holder	Third Holder								
Sign of Client		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Date :	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y				
	Place :										

**Note:** This nomination shall supersede any prior nomination made by the account holder(s), if any.