Annexure A to SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/23 dated February 24, 2022 on 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	UCC/	DP ID									Client	ID										
I/We wish to make a nomination. [As per								er details given below]																				
Nomination Details																												
I/V of 1	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 up to three nominees in the account.						Details of 1 st Nominee					Details of 2 nd Nominee						Details of 3 rd Nominee											
1	Name of the nominee(s) (Mr./Ms.)																											
2	2 Share of each Nominee		Equally [If not equally,							% %													%					
			pleas	se speci entage]	ify			Any o	dd lot afi	ter divisi	on s	shall i	be tro	ınsferr	ed	to th	ie firs	st nor	ninee n	nenti	ionea	l in th	ie fo	rm.				
3	3 Relationship With the Applicant (If Any)																											
4	4 Address of Nominee(s)																											
	City / Place: State & Country:																											
				PIN (Code	e																						
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]																												
	Photograph & Signature																											
Sr. N	Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																											
8	8 Date of Birth {in case of minor nominee(s)}																											
9	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 / Telepho Guardian #	one no. of						
12	Email ID of Gua	rdian #						
13	Relationship of on nominee	Guardian with						
14		,						
			Name(s) of ho	older(s)	•		Signature(s)	of holder*
Sol	e / First Holder (M	r./Ms.)						
Se	econd Holder (Mr./l	Ms.)						
Tl	nird Holder (Mr./M	s.)						
_		-	_	nired, if the account h 6, 7, 11, 12 & 14 is		b impression, i	instead of signatu	re
This no	omination shall supe	ersede any prior non	nination made by th	e account holder(s), if	any.			
The Tr	ading Member / De	pository Participant	shall provide ackno	owledgement of the no	mination form to th	e account holde	er(s)	
		N	Name and Si	gnature of Ho	Ider(s)*			

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature