Nomination Form

To, The Depository Participant Name Address

Dear Sir/ Madam,

Affix nominee photo & sign across

I/We the so	ole hold	er / J	oint h	older	s / Gı	ıardiar	ı (in	case	of mi	inor) he	reby decl	are th	at:						
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].																			
p											receive death of								
BO Accour	nt Deta	ils																	
DP ID										(Client ID								
Name of the	Sole /	First I	Holde	r		I													
Name of Second Holder																			
Name of Third Holder																			
Nominee o	details																		
First Name																			
Middle Name	9																		
Last Name																			
Address																			
City											State	2							
Country											PIN								
Telephone N	lo.										Fax I	No.							
E-mail ID																			
Relationship	with B0	O (If a	any)																
Date of birth	(If nor	ninee	is a r	ninor)														
As the nom	inee is	a min	or as	on da	ate, I,	/We ap	poir	nt foll	owing	g persor	to act as	s Gua	rdian	:					
First name																			
Middle name	2																		
Last name																			
Address																			
City											State								
Country											PIN								
Age																			
					_		16										. ,		

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 is in accordance with the section 109 A of the Companies Act, 1956, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: Date:																				
		Fi	rst/S	st/Sole Holder				Second Holder				Third Holder								
Name																				
Signature																				
Note: Two witnesses shall attest signature(s) / Thumb impression(s).																				
Details of the Witi	ness																			
			First Witness								Second Witness									
Names of Witness	i																			
Address of witnes																				
Signature of Witne																				
(To be filled by	DP)																			
Nomination Form accepted and registered wide Registration No dated																				
												(,	Auth	orise	y Pa d Sig	nato	ory)			
=======	===	====	===:	====	==== A	=== ckno	(Plea wle	ase Tear edgeme	· here) === nt Receipt	===	===	:===			:		===	===	==	
Received nominat	ion fo	rm fr	om:																	
DP ID	T	T				I	T		Client ID		Ι	I	T	Т	Т	T	T	Ī		
Name																				
Address																				
Nomination in favo	r of																			
No Nomination	□	Doe	s not v	vish t	o no	ominate														
Registration No.	Registered on D C						D	М	М	Υ	Υ	Υ	Υ							

Depository Participant Seal and Signature