



**FORM FOR NOMINATION (CDSL)**

(To be filled in by individual applying singly or jointly)

I /We the Sole holder / Joint holders / Guardian (in case of minor) hereby declare that :

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)

I/We **nominate** the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

Date

DP ID

Client ID

Name of the Sole / First Holder

Name of Second Holder

Name of Third Holder

	Nomination Details	Nominee 1	Nominee 2	Nominee 3
1.	Nominee Name *First Name			
	Nominee Name Middle Name			
	Nominee Name *Last Name			
2.	*Address of Nominee(s)			
	*City			
	*State			
	*Pin Code			
	*Country			
	Telephone No. (With STD Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fax No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PAN No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	UID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email Address			
3.	*Relationship with the BO:			
4.	Date of Birth (Mandatory if Nominee is a minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	Name of the Guardian of Nominee (if nominee is a minor) *First Name			
	Name of the Guardian of Nominee (if nominee is a minor) Middle Name			
	Name of the Guardian of Nominee (if nominee is a minor) *Last Name			

6.	*Address of the guardian of nominee:   *City *State *Pin Code *Country			
	Age			
	Telephone No. <i>(With STD Code)</i>			
	Fax No.			
	Mobile No.			
	Email Address			
7.	*Relationship of the Guardian with the Nominee			
8.	*Percentage of allocation of securities			
9.	*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:			

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

\* Marked is Mandatory field

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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	Sole/ First Holder	Second Holder	Third Holder
Name			
Signatures			

Note: One witness shall attest signature(s) / Thumb impression(s).

**Details of the Witness**

	Name of witness	Address of witness	Signature of witness
Witness			

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

**Acknowledgement**

We hereby acknowledge the receipt of your Nomination Form :

DP ID 

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Client ID 

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Demat Account Holder's Name \_\_\_\_\_

Received by \_\_\_\_\_

Bank Official Signature \_\_\_\_\_ Branch \_\_\_\_\_ SR No \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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