

NOMINATION FORM
FOR INDIVIDUAL ONLY
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 st Nominee	Details of 2 nd Nominee	Details of 3 rd 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	5		
Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place :		

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

DECLARATION FORM FOR OPTING OUT OF NOMINATION
FOR INDIVIDUAL ONLY

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

NAME AND SIGNATURE OF HOLDER(S)*

	First / Sole Holder	Second Holder	Third Holder
Name			
Sign of Client	6		
Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place :		

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