

Nomination Details

Nomination Registration No.	Dated

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.**

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

Full Name of the Nominee			
Address			
City	State		
Country	PIN code		
Telephone No.	Fax No.		
E-mail ID			
Relationship with BO (If any)			
Date of birth (mandatory If nominee is a minor)			

As the nominee is a minor as on date, 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, I/We appoint following person to act as **Guardian**:

Full name of Guardian of Nominee			
Address			
City	State		
Country	PIN		
Telephone No.	Fax No.		
E-mail ID			
Relationship of Guardian with Nominee			

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

Note : Two witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness		
	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

I/We have read the terms & conditions DP-BO agreement and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in black ink).

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	