

NOMINATION DETAILS

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

BO ACCOUNT DETAILS												
DP ID	1	2	0	4	1	8	0	0	Client ID			
Name of the Sole / First Holder												
Name of the Second Holder												
Name of the Third Holder												

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)			
Name of the Guardian of Nominee (if the nominee is minor)			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address of the Guardian of nominee*			
Age			
Telephone			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 : _____

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in Blue ink)

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness		
Name of Witness	Address of Witness	Signature of Witness

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ Dated _____.

For R. K. STOCKHOLDING PVT. LTD.

(Authorised Signatory)