



Registered Office: 601-602, 6th Floor, Windsor, Off CST Road, Kalina, Santacruz (East), Mumbai – 400 098 (India) **Tel.:** +91 (022) 67546500 / 66349300 | **Fax:** +91 (022) 67544666



BSE & NSE SEBI Registration Number INZ000240830

CDSL DP ID No. 12055600 SEBI Reg. No. IN-DP-481-2020 NSDL DP ID No. IN304096 SEBI Reg. No. IN-DP-481-2020

Oate: _ [Annexu	Nom ire A to SEBI circular No. SEBI/HO/MIR	ination Fo	orm - (T [R/P/2021	o be: /601 (filled dated	in by I July	y ind	ividua 2021 o	l ap n N	plyi Iand	ng sir latory	ngly y No	or join minati	itly) ion fo	or El	ligibl	e Tr	adin	ıg and	l D	emat	Accou	ınts]
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PMS C	code	CDSL	DP ID	1	2	0	5	5	6	0	0	С	LIEN	TID)			T					
I/We w	rish to make a nomination. (As per d	etails given b	elow)		•	•					•						•		•		•	•	•
Nomin	nation Details																						
	rish to make a nomination and do he of my / our death.	reby nominat	e the foll	owin	g pe	ersor	า(ร) ง	who s	ha	ll red	ceive	e all	the as	sset	s he	eld in	n my	/ / o	ur ac	ccc	unt i	n the	
	Nomination can be made upto three nominees in the account.	Details of 1st Nominee					Details of 2nd Nominee								Details of 3rd Nominee								
1	Name of the Nominee(s) (Mr./Ms.)																						
2	Share of each Nominee Equally [If not equally, please specify percentage]					%								%	Ď								%
3	Relationship With the Applicant (If Any)																						
4	Address of Nominee(s)																						
	Pincode																						
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) Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of ID Demat A/c 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.) case of minor nominee(s) }																						
10	Address of Guardian (s) City / Place: State & Country: Pincode																						
11 12	Mobile/Telephone no. of Guardian 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) Photograph & Signature PAN Aadhaar Saving Bank account no Proof of ID Demat A/c ID																						
	*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:																						

Note: Residual securities: in case 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

Name(s) of holder(s)	Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Mrs./Ms.)	
Second Holder (Mr./Mrs./Ms.)	₽
Third Holder (Mr./Mrs./Ms.)	₽

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

Signature of Witness for Nomination												
Name of the Witness	Address	Signature of witness										
		x										
		DATE										

Note:

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

 $The \ Trading \ Member \ / \ Depository \ Participant \ / \ Portfolio \ Manager \ shall \ provide \ acknowledgement \ of the \ nomination \ form \ to \ the \ account \ holder(s)$





 $\begin{tabular}{ll} \textbf{Registered Office:} & 601-602, 6th Floor, Windsor, Off CST Road, Kalina, Santacruz (East), Mumbai - 400 098 (India) \\ & \textbf{Tel.:} & +91 (022) 67546500 / 66349300 | \textbf{Fax:} & +91 (022) 67544666 \\ \end{tabular}$



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Date:						. •																
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[Annexure]	3 to SEBI circular No. SEBI/I	HO/MIRSD for Eligik											23,	2021	on	Ma	ındat	ory	Non	nin	atio	n
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Sole/First Ho	lder Name																					
Second Holde	er Name																					
Third Holder	Name																					
understand th holder(s), my Frading / Den	confirm that I / We do not e issues involved in non-app / our legal heirs would need nat / PMS account, which ma sets held in the Trading / Den	ointment of to submit a y also inclu	f no ll th de c	omi ie re doc	nee(s equisi umen) a	nd do	furtl cum	her ent	are s/i	aw nfo	are t rmat	hat i	in ca for c	se o laim	f do	eath g of a	of a	ll th ts he	e ao ld i	ccou n m	ını y
	Holder(s)*	Name										Signature										
First Holder											X											
Second Holo											X											
Third Holder											X) ,										
* Signature o signature	f witness, along with name	and address	are	e re	quire	d,	if t	he a	cco	oun	t ho	lder	affi	xes t	hum	ıb i	impr	essi	on, i	nst	ead	0
		Signature	of	Wi	tnes	s 1	for	Nor	mir	nati	on											
Name of the	Witness	Address									Sig	nature of witness										
											X											
											DA	TE										

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