

Nomination details											
Nomination Registration No.						Dated					
<input type="checkbox"/> I/We nominate the following person who is entitled to receive fund and assets balances lying in my/our account, particulars where of are given below, in the event of my / our death.											
BO Account Details						UCC					
DP ID	1	2	0	1	3	2	0	0	Client ID		
Name of the Sole / First Holder											
Name of Second Holder											
Name of Third Holder											

Full Name of the Nominee		Nominee 1	Nominee 2	Nominee 3
Name of the Nominee	First Name			
	Middle Name			
	Last Name			
Address				
City				
State				
PIN				
Country				
Mobile/Telephone No.				
Nomination Details		Nominee 1	Nominee 2	Nominee 3
PAN				
Email ID				
Relationship with the BO (If any)				
Nominee Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Date of Birth (minority if the Nominee is a minor)				
Name of the guardian of Nominee (If Nominee is Minor)				
Address of the Guardian				
City				
State				
Country				
PIN				
Age				
Mobile/Telephone No.				
Email ID				
Relationship of the Guardian with the Nominee:				
Guardian Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Share of each nominee	Equally (If not equally, please specify percentage)			
Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:				

Full Name of the Nominee		Nominee 4	Nominee 5	Nominee 6
Name of the Nominee	First Name			
	Middle Name			
	Last Name			
Address				
City				
State				
PIN				
Country				
Mobile/Telephone No.				
Nomination Details		Nominee 4	Nominee 5	Nominee 6
PAN				
Email ID				
Relationship with the BO (If any)				
Nominee Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Date of Birth (minority if the Nominee is a minor)				
Name of the guardian of Nominee (If Nominee is Minor)				
Address of the Guardian				
City				
State				
Country				
PIN				
Age				
Mobile/Telephone No.				
Email ID				
Relationship of the Guardian with the Nominee:				
Guardian Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Share of each nominee	Equally (If not equally, please specify percentage)			
Residual Securities (please tick any one nominee. If tick not marked default will be first nominee):				

Full Name of the Nominee		Nominee 7	Nominee 8	Nominee 9
Name of the Nominee	First Name			
	Middle Name			
	Last Name			
Address				
City				
State				
PIN				
Country				
Mobile/Telephone No.				
Nomination Details		Nominee 7	Nominee 8	Nominee 9
PAN				
Email ID				
Relationship with the BO (If any)				
Nominee Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Date of Birth (minority if the Nominee is a minor)				
Name of the guardian of Nominee (If Nominee is Minor)				
Address of the Guardian				
City				
State				
Country				
PIN				
Age				
Mobile/Telephone No.				
Email ID				
Relationship of the Guardian with the Nominee:				
Guardian Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Share of each nominee	Equally (If not equally, please specify percentage)			
Residual Securities (please tick any one nominee. If tick not marked default will be first nominee):				

Full Name of the Nominee		Nominee 10
Name of the Nominee	First Name	
	Middle Name	
	Last Name	
Address		
City		
State		
PIN		
Country		
Mobile/Telephone No.		
Nomination Details		Nominee 10
PAN		
Email ID		
Relationship with the BO (If any)		
Nominee Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Date of Birth (minority if the Nominee is a minor)		
Name of the guardian of Nominee (If Nominee is Minor)		
Address of the Guardian		
City		
State		
Country		
PIN		
Age		
Mobile/Telephone No.		
Email ID		
Relationship of the Guardian with the Nominee:		
Guardian Identification details (Please tick any one of the following and provide details of the same)		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar
Share of each nominee	Equally (If not equally, please specify percentage)	
Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:		

Note: Residual funds and securities: in case of multiple nominees, please choose any one nominee who will be credited with residual fund and 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 funds and securities, if any.

This nomination shall supersede any prior nomination made by e/ us as well as any testamentary document executed by me/us.

***Joint Accounts:**

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s)
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
 - Guardian: It is optional for you to provide, if the nominee is minor.
1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)
 Name of nominee(s) Nomination: Yes / No
 2. I hereby authorize _____(nominee number ____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ___% of assets in the account / folio or Rs. _____.
(strike off portions that are not relevant)
 3. This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of holder(s)	Signature(s) of holder	Name of Witness	Address of witness	Witness Signature*
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

Place: _____

Date: _____

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.