



Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email 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: 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**

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

Place: \_\_\_\_\_ Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: **One witness** shall attest signature/ Thumbimpression.

Details of the Witness	
	<b>First Witness</b>
Names of Witness	
Address of Witness	
Signature of Witness	

**(To be filled by DP)**

Nomination Form accepted and registered wideRegistrationNo. \_\_\_\_\_ dated \_\_\_\_\_.

For Depository Participant  
(Authorized Signatory)

===== (Please Tear here) =====

**Acknowledgement Receipt**

Received nomination from:

DP ID										Client ID									
Name																			
Address																			
Nomination in favor of <b>First - Nominee</b>																			
<b>Second - Nominee</b>																			
<b>Third -Nominee</b>																			
<u>No Nomination</u>	<input type="checkbox"/> Does not wish to nominate																		
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y		

**Depository Participant Seal and Signature**