KRISHNA MULTIFARIOUS PRIVATE LIMITED



JAY VIJAY ROAD,OPP. MAHAVIR COMPLEX, UNJHA-384170,GUJARAT.

PHONE(O): 02767 255441/42, **E mail** – kc.unjha@gmail.com **Web:** www.kmcindia.net **SEBI REG. NO.** IN-DP-CDSL-307-2017. **DP ID** -12072700 **MEMBER ID** - 6227

BO NOMINATION FORM (DEMAT AND TRADING)

Name and Address TM / DP								FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																						
Date D D M M Y Y						Υ	Υ	Υ	UCC/	DP ID	1	1 :	2 0		7	2	7	0	0	Client ID										
Nomination registration Number																						UCC ID			İ	\Box				
I / We wish to make a nomination. [As							. [As	s per details given below]																						
Nomination Details																														
I / We wish to make a nomination and do account in the event of my / our death.							d do hereby nominate the following person(s) who shall receive all theassets held in my / our h.																							
Nomination can be made up to three nominees in the account								Details of 1 st Nominee					Details of 2 [™] Nominee						Details of 3 [™] Nominee											
1	Name of the nominee(s) (Mr./Ms.)																													
2	Share of each Nominee	Э	[If	n ea	ally ot e ise s centa	spe	cif								%							%								%
								Any odd lot after division shall be transferred to the first nomineementioned in the form.																						
3	Relation Applican																													
4	Address of Nominee(s) City/Place: State & Country:																													
	PIN Code																													
5	Mobile/ Telephone of nominee(s)																													
6	Email ID of nominee(s)																													
7	Nomined details - [Please following details o Photo	tick g an f sa	any d pi me	/ c ro]	one o vide	of	re																							
	☐ Aadhar D Saving Bank Account No. ☐ Proof of Identity																													
	_ □Demat				-																									
Sr. N	l Nos. 8-14	shc	uld	b	e fill	ed (on	ly if	no	omin	ee(s) i	s a mino	or:																	
8	Date of Birth {in caseof minor nominee(s)}																													
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																													
10	Address of Guardian(s)						\dashv								t															
	City /Pla Country:		Sta	te	. &																									
			F	PII	N C	ode		+								+														-
11	Mobile /٦ Guardia											1																		

12	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 Aadhar D Saving Bank Account No. Proof of Identity Demat Account ID									
Name(s) of holder(s) Signature(s) of holder*										
Sc	ole / First Holder (Mr./Ms.)									
Se	econd Holder (Mr./Ms.)									
Tł	aird Holder (Mr./Ms.)									
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature For, Krishna Multifarious Private Limited										
			Author	rised Signatory						

Note:

This nomination shall supersede any prior nomination made by account holder(s), if any. The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s).