

Nomination Form

To,

D. R. Share & Stock Brokers Pvt. Ltd.
6277, First Floor, Nicholson Road,
Ambala Cantt-133001

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

I/We do not wish to nominate any one for this demat and trading account.

[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

I/We **nominate** the following person(s) who is/are entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my/ our death:




Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
*First Name			
Middle Name			
*Last Name			
*Address			
*City			
*State			
*Country	<input type="checkbox"/> India <input type="checkbox"/>	<input type="checkbox"/> India <input type="checkbox"/>	<input type="checkbox"/> India <input type="checkbox"/>
*Pin	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Tel. No.			
FAX No.			
PAN No.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
UID			
Email ID			
*Relationship with the BO			
*Percentage of allocation of securities (%)			
*Fractional allocation of the securities if any [please tick the respective nominee, (any one) if tick not marked default will be first nominee]			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth (mandatory if Nominee is a minor)			
	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Name of the Guardian of Nominee (if nominee is a minor)			
*First Name			
Middle Name			
*Last Name			
*Address of the guardian of nominee			
*City			
*State			

*Country	<input type="checkbox"/> India <input type="checkbox"/>	<input type="checkbox"/> India <input type="checkbox"/>	<input type="checkbox"/> India <input type="checkbox"/>
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			

Note: The nominee 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.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

Note: One witness shall attest signature(s) / thumb impression(s)

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

UCC: _____

BO-ID: 12051700-000_____

Place: _____

Date:____/____/20____

(To be filled by DP)

Nomination Form accepted and registered wide Registration No._____dated____/____/20____.

For D. R. Share & Stock Brokers Pvt. Ltd.

(Authorised Signatory)