

## Nomination Form

|                                                                                                                                                                         |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------|---|---|---|---|---|-----------------------------------------------------------------------------------------------------------|---|---|---|---|---|------------------------------------------|---|---|-----------|--|--|------------------------------------------|--|--|--|--|--|--|--|
| <b>DP ID – IN303253</b><br><b>DP Name – Sanchit fin &amp; mgt services ltd</b><br><b>381- A Green avenue, Near red cross bhawan,</b><br><b>Amritsar</b>                 |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   | <b>FORM FOR</b><br><b>NOMINATION</b><br><i>(To be filled in by individual applying singly or jointly)</i> |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| Date                                                                                                                                                                    | D | D                                                                                                                                                                                                                        | M | M                                                                     | Y | Y | Y | Y | Y | UCC/ DP ID                                                                                                | I | N | 3 | 0 | 3 | 2                                        | 5 | 3 | Client ID |  |  |                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                         |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| I/We wish to make a nomination. <i>[As per details given below]</i>                                                                                                     |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>Nomination Details</b>                                                                                                                                               |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>Nomination can be made upto three nominees in the account.</b>                                                                                                       |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   | <b>Details of 1<sup>st</sup> Nominee</b>                                                                  |   |   |   |   |   | <b>Details of 2<sup>nd</sup> Nominee</b> |   |   |           |  |  | <b>Details of 3<sup>rd</sup> Nominee</b> |  |  |  |  |  |  |  |
| <b>1</b>                                                                                                                                                                |   | <b>Name of the nominee(s) (Mr./Ms.)</b>                                                                                                                                                                                  |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>2</b>                                                                                                                                                                |   | Share of each Nominee                                                                                                                                                                                                    |   | Equally<br><small>[If not equally, please specify percentage]</small> |   |   |   |   |   | %                                                                                                         |   |   |   |   |   | %                                        |   |   |           |  |  | %                                        |  |  |  |  |  |  |  |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>                                                                      |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>3</b>                                                                                                                                                                |   | <b>Relationship With the Applicant ( If Any)</b>                                                                                                                                                                         |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>4</b>                                                                                                                                                                |   | <b>Address of Nominee(s)</b><br><br>City / Place:<br>State & Country:                                                                                                                                                    |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                         |   |                                                                                                                                                                                                                          |   | PIN Code                                                              |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>5</b>                                                                                                                                                                |   | <b>Mobile / Telephone No. of nominee(s)</b>                                                                                                                                                                              |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>6</b>                                                                                                                                                                |   | <b>Email ID of nominee(s)</b>                                                                                                                                                                                            |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>7</b>                                                                                                                                                                |   | <b>Nominee Identification details –</b><br>[Please tick any one of following and provide details of same]<br><br>Photograph & Signature PAN<br><input type="checkbox"/> Aadhaar Saving Bank account no. Demat Account ID |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>                                                                                                    |   |                                                                                                                                                                                                                          |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>8</b>                                                                                                                                                                |   | <b>Date of Birth {in case of minor nominee(s)}</b>                                                                                                                                                                       |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>9</b>                                                                                                                                                                |   | <b>Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }</b>                                                                                                                                                         |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |
| <b>10</b>                                                                                                                                                               |   | <b>Address of Guardian(s)</b>                                                                                                                                                                                            |   |                                                                       |   |   |   |   |   |                                                                                                           |   |   |   |   |   |                                          |   |   |           |  |  |                                          |  |  |  |  |  |  |  |

|                               |                                                                                                                                                                                                                                                                                 |          |  |  |  |  |                                |  |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|--------------------------------|--|
|                               | City / Place:<br>State & Country:                                                                                                                                                                                                                                               |          |  |  |  |  |                                |  |
|                               |                                                                                                                                                                                                                                                                                 | PIN Code |  |  |  |  |                                |  |
| 11                            | <b>Mobile / Telephone no. of Guardian</b>                                                                                                                                                                                                                                       |          |  |  |  |  |                                |  |
| 12                            | <b>Email ID of Guardian</b>                                                                                                                                                                                                                                                     |          |  |  |  |  |                                |  |
| 13                            | <b>Relationship of Guardian with nominee</b>                                                                                                                                                                                                                                    |          |  |  |  |  |                                |  |
| 14                            | <b>Guardian Identification details –</b><br>[Please tick any one of following and provide details of same]<br><br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN account no.<br>Proof of Identity<br><input type="checkbox"/> Demat Account ID |          |  |  |  |  |                                |  |
| <b>Name(s) of holder(s)</b>   |                                                                                                                                                                                                                                                                                 |          |  |  |  |  | <b>Signature(s) of holder*</b> |  |
| Sole / First Holder (Mr./Ms.) |                                                                                                                                                                                                                                                                                 |          |  |  |  |  |                                |  |
| Second Holder (Mr./Ms.)       |                                                                                                                                                                                                                                                                                 |          |  |  |  |  |                                |  |
| Third Holder (Mr./Ms.)        |                                                                                                                                                                                                                                                                                 |          |  |  |  |  |                                |  |

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