

FORM FOR NOMINATION



To be filled in by individual applying singly or jointly

	Date D D / M M	ΙΥΥΥΥΥ	DP ID: IN300732	Client Id (For offfi	ce use)					
□ I/We wish to make a nomination. [<i>As per details given below</i>]										
	Nomination Details	<u>.</u>								
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										
		nt of my / our death.		-			-			
	Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nomi	nd Nominee		Details of 3rd Nominee			
1.	Name of the nominee(s	s) (Mr./Ms.)								
2.	Share of each Nominee	e	%		%					%
	Equally		Any odd lot after division shall be transferred to the first nominee mentioned in the form.							
3.	Relationship With the Applicant (If Any)									
4.	Address of Nominee(s))								
		PIN Code								
5.	Mobile/Telephone No. of nominee(s)									
6.	Email ID of nominee(s))								
7.	Nominee Identificatio									
	[Please tick any one of provide details of same	-								
	Photograph & Signa	iture 🗌 PAN								
	Aadhaar Saving									
			e(s) is a minor:							
8.	Sr. Nos. 8-14 should l	be filled only if nominee	e(s) is a minor:							
8. 9.		be filled only if nominee of minor nominee(s)} /Ms.)	e(s) is a minor:							
	Sr. Nos. 8-14 should I Date of Birth {in case o Name of Guardian (Mr. {in case of minor nomin	be filled only if nominee f minor nominee(s)} /Ms.) nee(s) }	e(s) is a minor:							
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