

**NOMINATION FORM**

|   |   |  |
|---|---|--|
| DP ID <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="0"/> | BO ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Trading Client ID _____   |   |  |

To,  
**Reliance Securities Limited,**  
 11th Floor, R-Tech IT Park,  
 Western Express Highway, Goregaon (East), Mumbai 400 063.

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 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 entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

| Nomination Details   | Nominee 1  | Nominee 2  | Nominee 3  |
|--|--|--|--|
| Nominee Name   |  |  |  |
| *First Name:   |  |  |  |
| Middle Name:   |  |  |  |
| *Last Name   |  |  |  |
| * Is the Address of the Nominee same as the Sole / First Holder:<br><i>(If NO, Please provide)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *City:   |  |  |  |
| *State:  |  |  |  |
| *Pin:  |  |  |  |
| *Country:  |  |  |  |
| Telephone No:  |  |  |  |
| Fax No:  |  |  |  |
| PAN No:  |  |  |  |
| UID :  |  |  |  |
| Email ID:  |  |  |  |
| *Relationship with the BO:   |  |  |  |
| Date of Birth (mandatory if Nominee is a minor):   |  |  |  |
| Name of the Guardian of Nominee (if the nominee is minor):   |  |  |  |
| *First Name:   |  |  |  |
| *Middle Name:  |  |  |  |
| *Last Name   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| *Address of the Guardian same as nominee:<br>(If NO, Please provide)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *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]: |  |  |  |

**Note :** 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.

| Details of the Witness | First Witness |
|------------------------|---------------|
| Name of Witness        |               |
| Address of Witness     |               |
| Signature of Witness   |               |

|           | First/ Sole Holder | Second Holder | Third Holder |
|-----------|--------------------|---------------|--------------|
| Name      |                    |               |              |
| Signature | <b>F1</b>          | <b>S1</b>     | <b>T1</b>    |

Note: **One witness** shall attest signature/ Thumb impression.

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

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

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

For Depository Participant  
(Authorised Signatory)