

NOMINATION DETAILS

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / 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 persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.**BO ACCOUNT DETAILS**

DP ID	1	2	0	3	1	4	0	0	Client ID								
Name of the Sole / First Holder																	
Name of the Second Holder																	
Name of the Third Holder																	

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address*			
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 of nominee*			
City*			
State*			
Country*			
Pin*			

Age			
Telephone No.			
Fax No.			
E-mail 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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Note : One Witness shall attest signature(s) / Thumb Impression(s).

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

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me / us above are true and to the best of my / our knowledge as on the date of making this application. I / We agree and undertake to intimate the DP any change (s) in the details / Particulars mentioned by me / us in this form. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

Place : _____

Date : _____

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in Blue ink)

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ Dated _____.

For PRABHAT FINANCIAL SERVICES LIMITED

(Authorised Signatory)