

FORMAT FOR PROVIDING NOMINATION

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|------------------------|
| Name of the 1st Holder |
| Name of the 2nd Holder |
| Name of the 3rd Holder |

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|---|
| Nomination Details |
| 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. |

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|-----------------------------|
| Folio No. / Application No. |
| 1. |
| 2. |
| 3. |

| Nomination can be made upto three nominees in the account. | | Details of 1st Nominee | Details of 2nd Nominee | Details of 3rd Nominee |
|---|---|------------------------|------------------------|------------------------|
| 1 | Name of the nominee(s) (Mr./Ms.)* | | | |
| 2 | Share of each Nominee Equally [If not equally, please specify percentage] | % | % | % |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | |
| 3 | Relationship With the Applicant | | | |
| *Date of Birth and Name of Guardian to be provided in case of minor nominee(s) | | | | |
| 4 | Date of Birth* (for minor Nominee) | | | |
| 5 | Name of Guardian* | | | |

| Additional Details | | | | |
|--------------------|---|--|--|--|
| 6 | Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country: | | | |
| | PIN Code | | | |
| 7 | Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor | | | |
| 8 | Email ID of nominee(s)/ Guardian in case of Minor | | | |
| 9 | Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] Copy of the document is not required. <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar (last 4 digits) <input type="checkbox"/> Passport | | | |

I/We want the details of my/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC/DP as follow; (please tick, as appropriate)

☐ Name of Nominee(s) ☐ Nomination: Yes/No

| Name(s) of holder(s) | Signature(s) of holder/ thumb impression | Signature of two witnesses* | Name of Witness & address (Wherever applicable)* |
|--------------------------------|---|-----------------------------|---|
| Sole/First Holder (Mr./Ms.) | | | |
| Second Holder (Mr./Ms.) | | | |
| Third Holder (Mr./Ms.) | | | |

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

ACKNOWLEDGMENT SLIP FOR NOMINATION REQUEST

Date ____/____/____

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|--|
| Received from Mr./Ms./M/s. _____ |
| Folio No (s): _____ for Nomination request |

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|-------------------------|
| Stamp, Signature & Date |
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