

NOMINATION FORM

To.,
B.N. RATHI SECURITIES LIMITED
6-3-652. IV Floor “Kautilya” Amrutha Estates, Somajiguda, Hyderabad - 500 082

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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.

BO Account Details																															
DP ID																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 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 :			
*Pin :			
Age			
Telephone No :			
Fax No :			
Email ID			
* Relationship of Guardian with the Nominee			
* Percentage of allocation of securities :			
* Residual Securities [please tick any one nominee. If tick not marked default wil 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 br 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 filed

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

	First / Solo Holder	Second Joint Holder	Third Joint Holder
Name			
Signature <div>11</div>			

Note : One witnesses shall attest signature(s) / Thumb impression(s).

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

(To be filled by DP)

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

For Depository Participant
(Authorised Signatory)

.....: (Please Tear here) :.....

Acknowledgment Receipt

Received nomination from :

DP ID									Client ID												
Name																					
Address																					
Nomination in favor of First Nominee																					
Second Nominee																					
Third Nominee																					
No Nomination									<input type="checkbox"/> Does not wish to nominate												
Registration No.												Registered on		D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature