## **Nomination Form**

To, SVCM SECURITIES PRIVATE LIMITED B -702 ,DIVINE JALPA,JAMLI GALLI, BORIVALI WEST,MUMBAI:400092

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare tha	/We the sole holder	/ Joint holders /	Guardian (	(in case of minor	) hereb	y declare that
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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 Second Holder						
Name of 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:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
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 nom	inee:									
*City:										
*State:										
*Country:										
*Pin:										
Age										
Telephone:										
Fax No:										
Email ID:										
*Relationship of t	the									
Guardian with the	е									
Nominee:										
*Percentage of										
allocation of										
securities:	_									
*Residual Securi										
[please tick any	one									
nominee.										
If tick not marked			$\neg$							
default will be fire nominee]:	St									
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.  Place:										
Name										
Signature										
Note: One witness shall attest signature/ Thumb impression.										
Details of the Witne	ess									
				First Witness						
Names of Witness										
Address of Witness	;									
Signature of Witnes	SS									

(To be filled by DP)																		
Nomination Form accepted and registered wide Registration No.									date	ted								
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Received nomination	n fro	om :			Ac	know	ledge	emen	t Receipt									
DP ID									Client ID									
Name																		
Address																		
Nomination in favor First - Nominee	of																	
Second - Nominee	<b>)</b>																	
Third - Nomine	е																	
No Nomination				Does n	ot wish	to nor	ninate	9										
Registration No.									Registered on	)	D	D	М	М	Υ	Υ	Υ	Υ

**Depository Participant Seal and Signature**