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| **C:\Users\Administrator\Desktop\MODIFICATION\LOGO.bmp**  **CFS FINANCIAL SERVICES**  **PVT. LTD.** | | | | | | | | | | **FORM FOR NOMINATION**  **(***To be filled in by individual applying singly or jointly***)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | |  |  | |  | |  |  |  |  |  | **UCC/ DP ID** | | **I** | **N** |  | |  |  |  |  |  | | **Client ID** |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We wish to make a nomination. [*As per details given below*] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 ( If Any)** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **4** | **Address of Nominee(s)**  City / Place: State & Country: | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | | | | | PIN Code | | | |  | | |  | | | |  | | | | | |  | |  | | | | |  | | | |
| **5** | **Mobile / Telephone No. of nominee(s)** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **6** | **Email ID of nominee(s)** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **7** | **Nominee Identification details – [**Please tick any one of following and provide details of same]  󠄀 Photograph & Signature 󠄀 PAN  󠄀 Aadhaar 󠄀 Saving Bank account no. 󠄀 Proof of Identity 󠄀 Demat Account ID | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Date of Birth {in case of minor nominee(s)}** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **9** | **Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |
| **10** | **Address of Guardian(s)** | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |

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|  | City / Place: State & Country: | |  | |  | |  | |
|  | PIN Code |  |  |  |  |  |  |
| **11** | **Mobile / Telephone no. of Guardian** | |  | |  | |  | |
| **12** | **Email ID of Guardian** | |  | |  | |  | |
| **13** | **Relationship of Guardian with nominee** | |  | |  | |  | |
| **14** | **Guardian Identification details– [**Please tick any one of following and provide details ofsame]  󠄀 Photograph & Signature 󠄀 PAN  󠄀 Aadhaar 󠄀 Saving Bank account no. 󠄀 Proof of Identity 󠄀 Demat Account ID | |  | |  | |  | |
| **Name(s) of holder(s)** | | | | | | | **Signature(s) of holder\*** | |
| Sole / First Holder (Mr./Ms.) | | |  | | | |  | |
| Second Holder (Mr./Ms.) | | |  | | | |  | |
| Third Holder (Mr./Ms.) | | |  | | | |  | |

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

**Note:**

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)