

DP ID - 34600



Systematix Shares and Stocks I Ltd
J K Somani Building, British Hotel Lane
Fort, Mumbai – 400 001

Nomination Form

To,

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 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														

Nominee details													
First Name													
Middle Name													
Last Name													
Address													
City							State						
Country							PIN						
Telephone No.							Fax No.						
<u>PAN</u>							<u>UID</u>						
E-mail ID													
Relationship with BO (If any)													
Date of birth (If nominee is a minor)													

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name													
Middle name													
Last name													
Address													
City							State						
Country							PIN						
Age													

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

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

Place: _____

Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

Acknowledgement Receipt

Received nomination form from:

DP ID										Client ID								
Name																		
Address																		
Nomination in favor of																		
<u>No Nomination</u>	<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