

NOMINATION FORM

To,
Kedia Capital Services Pvt Ltd
Office no 1,2,3,4 1st Floor, Tulip-Flower Valley,
Khadakpada Circle, Kalyan West – 421301

Date: _____

Dear Sir/Madam,

DP ID: 12087500 BO ID: _____ UCC: _____

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.

Nominee: * First Name: Middle Name * Last Name:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address: Tick Yes if the address is same as Sole / First Holder (If no then please provide)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* City			
* State			
* Pin			
* Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
* Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) * First Name : Middle Name : * Last Name:			

*Address of the Guardian of the Nominee: Tick Yes if the address is same as Sole / First Holder (If no then please provide)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* City			
* State			
* Country			
* PIN			
Age			
Telephone			
Fax No.			
Email ID			
* Relationship of the Guardian with the Nominee			
* Percentage of allocation of securities			
* Residual Securities			

Note: Residual securities: In-case 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. Note:

One witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness	1 st Witness	2 nd Witness
Name of witness		
Address of witness		
Signature of witness		

	First/ Sole Holder	Second Holder	Third Holder
Name			
Signature	●	●	●

Place:

Date:

For Kedia Capital Services Pvt Ltd

Authorised Signatory