

NOMINATION FORM

To.

UNIQUE STOCKBRO PVT. LTD.

61/8 Chandanbala, Road # 25C,
Sion West, Mumbai 400022

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.
- 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	1	2	0	3	3	6	0	0	Client ID					
Name of the Sole/First Holder														
Name of the Second Holder														
Name of the Third Holder														

Nomination Details			
Nominee Name	1 st Nominee	2 nd Nominee	3 rd Nominee
First Name			
Middle Name			
Last Name			
PAN			
UID			
Address			
City			
State			
Country			
Pin			
Tel. No.			
Fax No.			
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		Age:	
		Age:	
			Age:

Nomination Details (* Marked is Mandatory field)			
	1st Nominee	2nd Nominee	3rd Nominee
Address of the Guardian of nominee			
City			
State			
Country			
Pin			
Tel. No.			
Fax No.			
Email ID			
Relationship of the Guardian with the nominee			
*Percentage of allocation of securities:			
*Residual Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

Place: _____

Date: _____

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

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

Details of the Witness:

Name of Witness	
Address of Witness	
Signature of Witness	x

FOR OFFICE USE ONLY		
Nomination Form accepted and registered wide Registration No. _____ dated _____.		
For Unique Stockbro Pvt. Ltd.		
_____ Entered by	_____ Verified by	_____ Authorised Signatory