

NOMINATION FORM FOR DEMAT ACCOUNTS AND MUTUAL FUND (MF) FOLIOS

Client Name		Trading Code		Client ID		
I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *						
Nominee Mandatory Details					Additional Details ****	
Nominee	Name of Nominee	Share of nominee \ Relationship (%)**	Postal Address, Mobile number & E-mail	Identity Number ***	D.O.B. of nominee	Guardian
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir (s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:


- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows;
(please tick, as appropriate)
☐ Name of nominee(s) ☐ Nomination: Yes / No


2) I hereby authorize _____(nominee number ____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ____% of assets in the account / folio or Rs. _____. (Optional)
(strike off portions that are not relevant)

3) This nomination shall supersede any prior nomination made by me / us, if any.


4) Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)



(First/Sole Holder Signature)



(Second Holder Signature)



(Third Holder Signature)

RIGHTS, ENTITLEMENT AND OBLIGATION OF THE INVESTOR AND NOMINEE:

1. If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
2. You can make nomination or change nominee any number of times without any restriction.
3. You are entitled to receive acknowledgment from the AMC / DP for each instance of providing or changing nomination.
4. Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
5. In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
6. You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation, at any point of time and not just during opening of account / folio.
This mandate can be changed any time you choose.
7. The signatories for this nomination form shall be as per mode of holding in the folio(s) / demat account(s) i.e.
 - 7.1 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 7.2 'First holder' Folios / Accounts - only First holder can sign
 - 7.3 'Jointly' Folios / Accounts - all holders have to sign

TRANSMISSION ASPECTS

AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.

In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.

Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

OFFICE USE ONLY

(To be filled by Depository Participant)

DP ID	12033200, 12033201, 12033202, 12033203 & 12033204	Client ID	
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Nomination form accepted and registered vide Registration No.: _____

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.



Signature of the Authorised Signatory

Seal/Stamp of the Intermediary

ACKNOWLEDGMENT RECIEPT

APPLICATION NO		Date	DD MM YY
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We hereby acknowledge the receipt of the Account Opening and Nomination Application Form:
This nomination shall supersede any prior nomination made by the account holder (s), if any. -