A C CHOKSI SHARE BROKERS PRIVATE LIMITED

ITTS HOUSE, 2nd FLOOR , SHREE SAIBABA MARG , KALA GHODA , MUMBAI-400001.

Nomination Form

TM / DP									**FORM FOR NOMINATION** **(***To be filled in by individual applying singly or jointly***)**																	
Date	D	D	M	M	Y	Y	Y	Y	**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] a) Photograph & Signature b) PAN Card c) Aadhaar Card d) Saving Bank account no. e) Proof of Identity f) 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)**				

	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 of same] a) Photograph & Signature b) PAN Card c) Aadhaar Card d) Saving Bank account no. e) Proof of Identity f) 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)

ACKNOWDGEMENT : Received from _____ nomination form .

Date : _____ Signature and TM / DP seal _____