

Investor Name	Folio No(s) (Having same mode of holding and pattern)
<p>I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any. Nomination can be made upto three nominees in the account. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.</p>	

Nomination Details								
Mandatory Information								Non-mandatory Information
Name of Nominee(s) (IN CAPITALS)	Share of each Nominee#	Date of Birth (for Minor)	Relationship with the Applicant (select one)	Nominee/ Guardian (in case of Minor) Identification details <i>[Please tick any one of the following and provide ID Number and no copies required].</i>	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Mobile of nominee(s)/ Guardian in case of Minor	Email ID of nominee(s)/ Guardian in case of Minor	Nominee Guardian Name (in case Nominee is Minor)
Mr./Ms. Details of 1st Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving Lincense	Pin Code:			
Mr./Ms. Details of 2nd Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving Lincense	Pin Code:			
Mr./Ms. Details of 3rd Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving Lincense	Pin Code:			

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

Name of nominee(s) with % Nomination: Yes / No (Default)

Signature(s) – As per mode of holding in demat accounts / MF Folio(s)				
Name of the Holder		Signature/ Thumb Impression of holder	Signature of two witness(es) along with name & address are required, if the account holder affixes thumb impression instead of signature	
			Name & Address of Witness	Witness Signature
Sole / 1st Holder (Mr./Ms.)			Witness 1 - Name: Address:	Witness 1
			Witness 2 - Name: Address:	Witness 2
2nd Holder (Mr./Ms.)			Witness 1 - Name: Address:	Witness 1
			Witness 2 - Name: Address:	Witness 2
3rd Holder (Mr./Ms.)			Witness 1 - Name: Address:	Witness 1
			Witness 2 - Name: Address:	Witness 2