

# Nomination Form

For Registration / Modification / Cancellation of Nominees / Opt out of Nomination  
(for Individual Unit Holders only)



Folio No.

Date

## Format for providing Nomination

\* (Mandatory fields)

Nomination Details				
<input type="checkbox"/> 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 1 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee	Details of 3 <sup>rd</sup> Nominee
Mandatory Details				
1.	Name of the nominee(s)* (Mr./Ms.)			
2.	Share of each Nominee Equally [If not equally, please specify percentage]	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33¼% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33¼% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33¼% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify)
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (If any)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify)
4.	Date of Birth and Name of Guardian to be provided in case of minor nominee(s)*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Mandatory Details				
5.	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	Address of Nominee(s)/ Guardian in case of Minor			
	City / Place:			
	State & Country:			
	PIN:	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
9.	Email ID of nominee(s)/ Guardian in case of Minor			
10.	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

**Note:**

<sup>1</sup> Nomination details provided would overwrite any previous nomination registered in the folio.

<sup>2</sup> Please ensure that sum of allocation% across all nominees in the folio adds up to exactly 100%.

Name of Holder(s)*			
Signature of Holder(s)*	Signature of 1 <sup>st</sup> holder	Signature of 2 <sup>nd</sup> holder	Signature of 3 <sup>rd</sup> holder

(To be signed by all unit holders in the folio)

**Note:** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.



## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Request for  Registration  Modification  Cancellation of Nominees  Opt out of Nomination

Folio No.

Date:

Name

PAN

Signature, Stamp & Date

# Declaration for opting-out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name of Holder(s)*			
Signature of Holder(s)*			

**Note:** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.