

Nomination Form

**To,
RASHI EQUISEARCH PVT LTD.
72-A, MITTAL TOWER,
NARIMAN POINT,
MUMBAI- 400021.**

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.**
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- 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														Client ID								
Name of the Sole / First Holder																						
Name of Second Holder																						
Name of Third Holder																						

Nomination Details	Nominee 1	Nominee 2	Nominee 3
<u>Nominee Name :</u>			
<u>*First Name:</u>			
<u>Middle Name:</u>			
<u>*Last Name</u>			
<u>*Address:</u>			
<u>*City:</u>			
<u>*State:</u>			
<u>*Pin:</u>			
<u>*Country:</u>			
<u>Telephone No:</u>			
<u>Fax No:</u>			
<u>PAN No:</u>			
<u>UID :</u>			
<u>Email ID:</u>			
<u>*Relationship with the BO:</u>			
<u>Date of birth (mandatory if Nominee is a minor):</u>			
<u>Name of the Guardian of Nominee (if the nominee is minor):</u>			
<u>*First Name:</u>			
<u>Middle Name:</u>			
<u>*Last Name</u>			

<u>*Address of the Guardian of nominee:</u>			Annexure 3.2
<u>*City:</u>			
<u>*State:</u>			
<u>*Country:</u>			
<u>*Pin:</u>			
<u>Age</u>			
<u>Telephone:</u>			
<u>Fax No:</u>			
<u>Email ID:</u>			
<u>*Relationship of the Guardian with the Nominee:</u>			
<u>*Percentage of allocation of securities:</u>			
<u>*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:</u>	<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.

*** Marked is Mandatory field**

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian:**

First name							
Middle name							
Last name							
Address							
City		State					
Country		PIN					
Age		Fax No.					
Telephone No.							
E-mail ID							
Relationship of Guardian with Nominee							

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

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

Place: _____

Date: _____

