



NOMINATION FORM (FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

Details of TM / DP :																	
ADWEALTH STOCK BORKING PVT. LTD.																	
Diamond Heritage, 16, Strand Road, Fairlie Place, 5th Floor, Unit No. 507, Kolkata-700001																	
Date				DP ID				Client ID									
UCC																	
I/We wish to make a nomination. [As per details given below]																	
Nomination Details																	
I/We 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					
Mandatory Details																	
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)															
* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)																	
Date of Birth (minor)								Name of guardian									
Non-Mandatory Details																	
4		Address of Nominee(s)/ Guardian in case of Minor															
		City / Place: State & Country:															
		PIN Code															
5		Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor															
6		Email ID of nominee(s)/ Guardian in case of Minor															
7		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															
				Name(s) of holder(s)				Signature(s) of holder*				Witness					
Sole / First Holder (Mr./Ms.)												Signature: _____ Name: _____ Address: _____ _____					
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 Intermediary shall provide acknowledgement of the nomination form to the account holder(s)																	