

Nomination Registration Form

R. Wadiwala Securities Pvt. Ltd.

Date		DP & Client ID																	
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/We wish to make 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. **Registration No:** _____

Nomination Details	Nominee 1	Nominee 2	Nominee 3
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Address/City/Pin			
State & Country			
Telephone/Mobile No.			
Email ID			
PAN No.			
Relationship with BO			
Date of Birth			
Share of each Nominee(s). (If not Equally, please specify %)	%	%	%
Nominee Identification details. (Please tick any one and provide details of same)	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID
Name of the guardian of nominee (if nominee is a minor)			
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Address/City/Pin of the guardian of Nominee:			
State & Country			
Telephone/Mobile No.			
Email ID			
Relationship of guardian with nominee			
Guardian Identification details. (Please tick any one and provide details of same)	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> SB Bank A/c No. <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Demat A/c ID

Note: Any odd lot after division shall be transferred to the first nominee in the form.

Details of Witness	witness shall attest signature (s) / thumb impression (s)
Name & Address of Witness	
Signature of Witness	

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			