

Request ID: 

Nomination Registration Form

Date		DP & Client ID																	
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I/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 UID Driving License <input type="checkbox"/> Voter ID Passport	PAN UID Driving License Voter ID Passport	PAN UID Driving License Voter ID Passport

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)	PAN UID Driving License Voter ID Passport	PAN UID Driving License Voter ID Passport	PAN UID Driving License Voter ID Passport

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			