

NOMINATION FORM

N01

To,
SBICAP Securities Ltd.
 12th floor, A&B Wing, Marathon Futurex, N M Joshi Marg,
 Lower Parel (East), Mumbai – 400 013.

Dear Sir / Madam,

Reference: BO Account No.:

I/We **nominate** the following person 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.

NOMINEE-1 DETAILS	NOMINEE-2 DETAILS	NOMINEE-3 DETAILS
Name: _____	Name: _____	Name: _____
Address : _____	Address : _____	Address : _____
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Pin. _____ Country: _____	Pin. _____ Country: _____	Pin. _____ Country: _____
Mobile: _____	Mobile: _____	Mobile: _____
E-mail ID: _____	E-mail ID: _____	E-mail ID: _____
Relationship with Nominee (if any): _____	Relationship with Nominee (if any): _____	Relationship with Nominee (if any): _____
DoB of Nominee: _____	DoB of Nominee: _____	DoB of Nominee: _____

IDENTIFICATION DETAILS OF NOMINEE		
PAN: _____	PAN: _____	PAN: _____
Aadhar / UID: _____	Aadhar / UID: _____	Aadhar / UID: _____

GUARDIAN DETAILS (If nominee is a minor)
 As the, Nominee is a minor as on date, I/We appoint following person to act guardian and to receive the securities in this account on behalf of the Nominee in the event of death of the Soleholder/all Joint holders.

GUARDIAN-1 DETAILS	GUARDIAN-2 DETAILS	GUARDIAN-3 DETAILS
Name: _____	Name: _____	Name: _____
Address : _____	Address : _____	Address : _____
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Pin. _____ Country: _____	Pin. _____ Country: _____	Pin. _____ Country: _____
Mobile: _____	Mobile: _____	Mobile: _____
E-mail ID: _____	E-mail ID: _____	E-mail ID: _____
Relationship with Nominee (if any): _____	Relationship with Nominee (if any): _____	Relationship with Nominee (if any): _____
DoB of Nominee: _____	DoB of Nominee: _____	DoB of Nominee: _____

IDENTIFICATION DETAILS OF GUARDIAN		
PAN: _____	PAN: _____	PAN: _____
Aadhar / UID: _____	Aadhar / UID: _____	Aadhar / UID: _____

_____ ✍️ Signature of Guardian _____ ✍️ Signature of Guardian _____ ✍️ Signature of Guardian

	Nominee-1	Nominee-2	Nominee-3
Percentage of allocation of securities :	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 40px; height: 20px;" type="text"/> %
*Residual Securities (Please tick if any) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> FH </div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> SH </div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> TH </div>
Name: _____	Name: _____	Name: _____

Details of Witness	
Signature of First Witness	Signature of Second Witness
Name _____	Name _____
Address _____	Address _____

(To be filled by DP)
 Nomination accepted and registered vide Registration No. _____ For SBICAP Securities Limited
 Dated _____ Authorised Signatory

*Residual Securities: In case 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.