

Nomination Form

To,

SIC STOCKS & SERVICES PVT. LTD. (DP ID: 52800)

1008-A-B, 10th floor, BSE Stock Exchange, P. J. Tower, Dalal Street, Fort, Mumbai 400001

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 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	1	2	0	5	2	8	0	0	Client ID			
Name of the Sole / First Holder												
Name of Second Holder												
Name of Third Holder												
Nominee details												
First Name												
Middle Name												
Last Name												
Address												
City		State										
Country		PIN										
Telephone No.		Fax No.										
E-mail ID												
Relationship with BO (If any)												
Date of birth (If nominee is a minor)												

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												

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: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature			

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness		

(To be filled by DP) Nomination Form accepted and registered wide Registration No. _____ dated _____

For Depository Participant

(Authorised Signator)

===== (Please Tear here) =====

Acknowledgement Receipt: Received nomination Form from:

DP ID	1	2	0	5	2	8	0	0	Client ID			
Name												
Address												
No Nomination		<input type="checkbox"/> Does not wish to nominate										
Nomination in favor of												
Registration No.		Registered on			D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature