

5paisa Capital Limited

Sun Infotech Park, 1st Floor, Plot No.B-23, Road No 16V, MIDC, Thane Industrial Area, Wagle Estate, Thane, Maharashtra 400604 • Tel: + 91 89766 89766 • E-mail: support@5paisa.com



CDSL DP ID: 12082500

Nomination Form

To,

5paisa Capital Limited

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	8	2	5	0	0	Client ID			
Name of the First/Sole Holder												
Name of the Second Holder												
Name of the Third Holder												

Nominee Details															
Name	Last Name			First Name				Middle Name							
Address															
City							State								
Country							PIN								
Telephone / Mobile No.							Fax No.								
E-mail ID															
PAN							UID								
Relationship with BO (if any)							Date of birth (If nominee is a minor)	D	D	M	M	Y	Y	Y	Y

As the nominee is a minor as on date, I/We appoint following person to act as Guardian:

Name	Last Name			First Name				Middle Name						
Address														
City				Country				State						
Tel. No.				Fax No.				Age		PIN				
Email ID							Relationship of Guardian with Nominee							

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	D	D	M	M	Y	Y	Y	Y
	First/Sole Holder			Second Holder			Third Holder								
Name															
Signature															

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

Details of the Witness	1 st Witness	2 nd Witness
Name & Address of the Witness		
Signature of the Witness		

(To be filled by DP)

Nomination accepted and registered wide Registration No. _____ Dated : _____

For Depository Participant (Authorised Signatory)

Received nomination form :

5paisa Capital Limited Acknowledgement Receipt

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

Depository Participant Seal and Signature