

Date: _____

To : _____ (Name of the Intermediary)

Location/ City Name: _____

Sub: Intimation about Incapacitation of the investor and Authorization letter

[illegible]

I/We hereby wish to inform you that the above referred investor has become incapacitated from ____/____/____ to ____/____/____ (tentatively) for reason _____ due to which he / she is unable to transact though having the capacity to contract. Refer the medical certificate from our doctor indicating the same.

I/We request you to record the same in your records and approve the transactions only if the same is initiated by the person authorized by him / her and is within the limits prescribed, if any. I/We also hereby authorize you/your team to independently validate the above incapacitation by visiting the incapacitated investor (tick appropriately/ provide information as requested), take appropriate thumb / toe impression or complete any other prescribed processes and procedures, as mandated by the regulator(s).

- at the registered address (or)
- at the address where investor stays now (specify) _____
- at the hospital specify the details _____
- Contact Number(s): _____ to fix appointment (if required).

Documentary Proof enclosed (tick as applicable):

- Original Medical certificate indicating incapacitation.
- Self-attested PAN card copy / Masked Aadhaar copy of the incapacitated investor.
- Copy of the court order or letter from the competent authority (where applicable).
- ID Document number of authorized nominee (which should match with details of registered nominee)

I/We will extend all support and cooperation to complete the processes and tag the account as 'Incapacitation', wherever the above referred PAN / Folio(s) is present.

Declaration from Empowered Nominee

I hereby confirm my understanding and acknowledge the responsibility for limited purpose transaction, as per the wish of the investor(s), in the above referred account/folio and assure to help your esteemed organization with all the required information/documentary proof and support, as required from time to time.

Signatures:

Holder	Name	Signature
First holder		
Joint Holder 1		
Joint Holder 2		
Authorized Nominee		

Letter for intimating Incapacitation of the investor and relevant authorization

For Office Use only, to be filled only by Regulated Entity employee

I, _____ Emp. No. _____ DP/AMC/RTA Name _____
visited the above address/hospital and met the incapacitated investor and noted the incapacitation and obtain the following:

Date of Visit	Thumb Impression*	Toe Impression	Marks noted

*Signature of Witness:			
Name of the Witness:			
Address of the Witness:			

Signature of the DP/AMC/RTA employee: