



NOMINATION REGISTRATION

Paragon Center, C- 06, Ground Floor, Pandurang Budhkar Marg, Worli, Mumbai - 400013. Tel: +91 22 66175454 / 66299299; Fax: 91 22 66175434 | Email: dp@emkayglobal.com | www.emkayglobal.com

CDSL DP ID: 23000

Emkay Global Financial Services Ltd

Date

☐ I/We wish to make a 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.

BO Account Details													
DPID	1	2	0	2	3	0	0	0	Client ID				UCC
Name of the Sole / First Holder													
Name of Second Holder													
Name of Third Holder													

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*First Name			
Middle Name			
*Last Name			

***Percentage of allocation of securities**

<input type="checkbox"/> Equally [If not equally, please specify percentage] Or <input type="checkbox"/> Share of each Nominee % % %
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Any odd lot after division shall be transferred to the first nominee mentioned in the form

*Relationship with the BO			
Date of Birth {in case of minor nominee(s)}			
Name of Guardian {in case of minor nominee(s)} and relation with minor			
*Address of Nominee (s) / Guardian in case of Minor			
*City / Place			
*State & Country			
*Pin Code			
*Country			
Mobile no /Telephone No of the Nominee (s) /Guardian in case of Minor			
Email ID of the nominee(s) / Guardian in case of minor			

Nominee/Guardian (incase of minor) Identification Details - [Please tick any one of following and provide details of same]

<input type="checkbox"/> Photograph & Signature			
<input type="checkbox"/> PAN			
<input type="checkbox"/> Aadhaar			
<input type="checkbox"/> Saving Bank account no.			
<input type="checkbox"/> Proof of Identity			
Demat Account ID			

*Marked is Mandatory field

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me / us by the AMC / DP as follows; (please tick, as appropriate)

- ☐ Name of nominee(s) _____
- ☐ Nomination: Yes / No

2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to _____ % of assets in the account / folio or Rs. _____. (strike off portions that are not relevant)

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Rights, Entitlement and Obligation of the investor and nominee:

- ▶ If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- ▶ You can make nomination or change nominee any number of times without any restriction.
- ▶ You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.
- ▶ Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- ▶ In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the concerned Depository in case of Demat account.
- ▶ You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
- ▶ The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.
 - 'Either or Survivor' Accounts - any one of the holder can sign
 - 'First holder' Accounts - only First holder can sign
 - 'Jointly' Accounts - all holders have to sign

3) Signature(s) - As per the mode of holding in demat account(s)

	First/Sole Holder	Second Holder	Third Holder
Name			
Signatures / Thumb Impression			
Note: Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature			
Details of the Witness	First Witness	Second Witness	
Names of Witness			
Address of Witness			
Signature of Witness			

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

Place: _____ Date: _____

The Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

For Depository Participant

(Authorised Signatory)

(Please Tear here)

Received nomination from :

Acknowledgement Receipt

DP ID	1	2	0	2	3	0	0	0	Client ID										
Name																			
Address																			
Nomination in favor of First - Nominee																			
Second - Nominee																			
Third - Nominee																			
No Nomination	<input type="checkbox"/> Would like to opt out nomination.																		
Registration No.											Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature