

South Asian Stocks Limited 3rd Floor, Building No 5 Local Shopping Complex Rishabh Vihar, Delhi -110092								FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																					
Date D D M M Y Y				Y	Y	UCC/1	DP ID	Ι	N	N						Client ID													
No I/V	I/We wish to make a nomination. [As per details given below] Nomination Details 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.																												
No no	Nomination can be made upto three nominees in the account.							Details of 1st Nominee						Details of 2 nd Nominee						Details of 3 rd Nominee									
1	Name of the nominee(s) (Mr./Ms.)																												
2	Share each Nomin	o ee	f	Equally [If not equally, please specify percentage]			% %									%													
	1,02						А	ny o	dd lot aft	er divisio	n sh	all	be trai	ısferr	ed to	o th	e first	nomi	inee mention	ed in	the	e for	m.						
3	3 Relationship With the Applicant (If Any)																												
4	4 Address of Nominee(s) City / Place: State & Country:																												
					PIN	Code	e																						
5 Mobile / Telephone No. of nominee(s)																													
6 Email ID of nominee(s)																													
7 Nominee Identification details − [Please tick any one of following and provide details of same] □ Photograph & Signature □ PAN □ Aadhar □ Saving Bank account No □ Proof of Identity □ Demat Account ID																													
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																													
8 Date of Birth {in case of minor nominee(s)}																													
9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																													
10 Address of Guardian(s)			T																										



	City / Place: State & Country:								
		PIN Code							
11	Mobile / Tele Guardian	ephone no. of							
12	Email ID of Gua	rdian							
13	Relationship of nominee	Guardian with							
14		gnature □PAN aving No entity							
			Name(s) of ho	lder(s)		Signature(s) of holder*			
Sol	e / First Holder (Mr.	/Ms.)			A14				
Se	econd Holder (Mr./N	/Is.)			B2				
Tl	nird Holder (Mr./Ms	.)					C 2		

Note:

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

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature