Classified as Internal (SEBI/HO/OIAE/OIAE\_IAD-3/P/ON/2025/01650, dated January 10, 2025)

NO	TANIM	ION FORM FO	OR DEMAT ACCO	UNTS AN	D MUTUAL FUND	(MF)FOLIOS			
Client Name		Trad	ing Code	DP ID 120	03320 □ CI	ient ID			
I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*									
Nominee Details									
			Nominee 1		Nominee 2	Nominee 3			
	Name of Nominee								
	Share of nominee (%)**								
	Relationship								
Mandatory Details	Postal Address								
	Mobile number & E-mail								
	_	Number***							
Additional Details	D.O.B. o	of nominee an							
*Joint Accounts:									
		Event		Transmission of Account / Folio to					
Demise of one or m	ore joint hol	der(s)		Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.					
Demise of all joint h	olders simu	Itaneously – having non	ninee	Nominee					
Demise of all joint h	olders simu	ltaneously – not having	nominee	Legal heir (s) of the youngest holder					
** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').  **** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.  ***** to be furnished only in following conditions / circumstances:  - Date of Birth (DoB): please provide, only if the nominee is minor.  - Guardian: It is optional for you to provide, if the nominee is minor.  1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, 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(Optional) (strike off portions that are not relevant)									
3) This nomination	shall superse	ede any prior nominatio	on made by me / us, if any.						
4) Signature(s) - As	per the mod	e of holding in demat a							
Name (s) of holder(s)				f holder / thumb ession	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*			
Sole / First Holder									
Second Holder (Mr.									
Third Holder (Mr./N	1s.)								
* Signature of two v	vitness(es), a	along with name and ac	Idress are required, if the acc	count holder affix	es thumb impression, instea	d of wet signature.			

# RIGHTS, ENTITLEMENT AND OBLIGATION OF THE INVESTOR AND NOMINEE:

- 1. If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- 2. You can make nomination or change nominee any number of times without any restriction.
- 3. You are entitled to receive acknowledgment from the AMC / DP for each instance of providing or changing nomination.
- 4. 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 / folio.
- 5. In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- 6. You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation, at any point of time and not just during opening of account / folio. This mandate can be changed any time you choose.
- 7. The signatories for this nomination form shall be as per mode of holding in the folio(s) / demat account(s) i.e.
- 7.1'Either or Survivor' Folios / Accounts any one of the holder can sign
- 7.2 'First holder' Folios / Accounts only First holder can sign
- 7.3 'Jointly' Folios / Accounts all holders have to sign

## TRANSMISSION ASPECTS

AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nomimee is not required to provide affidavits, indemnitites, undertakings, attestations or notarization.

In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.

Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.

In case of multiple nomineees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'					
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share		
Α	60%	Α	0	0	0		
В	30%	В	30%	45%	75%		
С	10%	С	10%	15%	25%		
Total	100%	-	40%	60%	100%		

#### OFFICE USE ONLY (To be filled by Depository Participant) DP ID 12033200, 12033201, 12033202, 12033203 & 12033204 Client ID

Nomination form accepted and registered vide Registration No.: \_

I/ We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/ We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.



Signature of the Authorised Signatory

### Classified as Internal

ACKNOWLEDGMENT RECIEPT								
ADDITIONING		Data	DD MM W					
APPLICATION NO		Date						

We hereby acknowledge the receipt of the Account Opening and Nomination Application Form:

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

(First/Sole Holder Signature)



(Second Holder Signature)

(Third Holder Signature)