

NOMINATION FORM

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/s who is entitled to receive security balances lying in my/our account, particulars where of 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	5	5	0	0	Client ID						
Name of the Sole / First Holder															
Name of Second Holder															
Name of Third Holder															

Nomination	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
*Last Name	_____	_____	_____
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:
*Middle Name:
*Last Name
*Address of the Guardian of nominee			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
* Relationship of the Guardian with the Nominee:			






NOM_F

*Percentage of allocation of securities:			
*Residual Securities			
[please tick any one nominee. If tick not marked default will be first nominee]:			


* Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: One witness shall attest signature/ Thumb impression.

DETAILS OF THE WITNESS	
First Witness	
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nominee Form accepted and registered with Registration No. _____ date _____.

For Wealthstreet Advisors Private Ltd.



(Authorised Signatory)



NOM_B