





## Nomination Form

To,  
**NJ Indiainvest Pvt Ltd**  
 Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex,  
 Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India.

Dear Sir / Madam,

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 whereof 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

Client ID

Name of the Sole / First Holder

Name of Second Holder

Name of Third Holder

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



Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 

D	D	M	M	Y	Y	Y	Y
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	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: Two One witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness	
Names of Witness	
Address of Witness	
Signature of Witness	

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

For Depository Participant  
(Authorised Signatory)

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## Acknowledgment Receipt

Received nomination from :

DP ID

Client ID

Name											
Address											
Nomination in favor of First-Nominee											
Second- Nominee											
Third - Nominee											
No Nomination	<input type="checkbox"/> Does not wish to nominate										
Registration No.		Registered on	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

Depository Participants Seal & Signature