

NOMINATION FORM (FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

Details of TM / DP : **Muni Broking House Limited**
The Legacy, Unit 41A/43, 25A Shakespeare Sarani, Kolkata - 700017

Date:	D	D	M	M	Y	Y	Y	Y	DP ID								Client ID						
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--

I/We wish to make a nomination. *[As per details given below]* **Nomination Details**

I/We 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.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)*			
2	Share of each Nominee	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Equally <small>[If not equally, please specify percentage]</small>			
3	Relationship With the Applicant (If Any)			
4	Address of nominee(s) Street, City, State, Country & Pin Code:			
5	Mobile / Telephone No. of nominee(s) #			
6	Email ID of nominee(s) #			
7	Nominee(s) 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"/> Savings Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
* Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				# Optional Fields
8	Date of Birth of Nominee			
9	Name of Guardian(s)			
10	Address of Guardian(s) Street, City, State, Country & Pin Code:			
11	Relationship of Guardian (s) with the Nominee (s)			
12	Mobile/ Telephone No. of Guardian (s) #			
13	Email ID of Guardian(s) #			
14	Guardian(s) 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"/> Savings Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

	Name(s) of holder(s)	Signature(s) of holder*	Witness
Sole / First Holder (Mr./Ms.)			Signature: _____
Second Holder (Mr./Ms.)			Name: _____
Third Holder (Mr./Ms.)			Address: _____ _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.
Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.
The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)