

		RAMESHWARAM CAPITAL MARKET FORM NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>			
CLIENT CODE:- _____				DATE _____	
<input type="checkbox"/> I/We _____ wish to make a nomination. <i>[As per details given below]</i>					
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.					
Nomination can be made upto three nominees in the account.		Details of 1st Nominee		Details of 2nd Nominee	
1 Name of the nominee(s) (Mr./Ms.)					
2 Share of each Nominee		Equally <input type="checkbox"/> <small>[If not equally, please specify percentage]</small>		% % %	
		<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>			
3 Relationship With the Applicant (If Any)					
4 Address of Nominee(s)					
PIN Code					
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] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving 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:					
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)					
PIN Code					
11 Mobile/Telephone no. of Guardian					
12 Email ID of Guardian					
13 Relationship of Guardian with nominee					
14 Guardian 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"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID					
Name(s) of holder(s)				Signature(s) of holder	
Sole/ First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					
Signature of Witness for Nomination					
Name of the Witness		Address		Signature of witness	
				Date D D M M Y Y Y Y	