



Nomination Form

To,
STOCK HOLDING CORPORATION OF INDIA LTD

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ① ~~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].~~
- ② I/We nominate the following person 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	

Nominee details	
First Name	
Middle Name	
Last Name	
Address	
City	State
Country	PIN
Telephone No.	Fax No.
E-mail ID	
Relationship with BO (If any)	
Date of birth (If nominee is a minor)	

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name	
Middle name	
Last name	
Address	
City	State
Country	PIN
Age	

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination is in accordance with the **section 109 A of the Companies Act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

1) Accounts of those investors who have not provided their PAN details have been frozen (Suspended for Debit). The status of your account is given above. In case the status is "SUSPENDED FOR DEBIT" please provide your PAN details to the nearest Branch. 2) For ECS clients, bill is sent for information. 3) For any enquiry and grievance. Please call our Help Desk at 022-2579 5260, or Fax: 022-2579 5260, 2579 5260 or email us at dphelp@stockholding.com



Stock Holding Corporation of India Limited

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

===== (Please Tear here) =====

Acknowledgement Receipt

Received nomination form request from :

DP ID	Client ID
Name	
Address	
Nomination in favor of	
No. Nomination	<input checked="" type="checkbox"/> Does not wish to nominate.
Registration No.	Registered on D D M M Y Y Y Y

Depository Participant Seal and Signature

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