

1006, B-Wing, Atma House, Nr. Time of India, Ashram Road, Ahmedabad - 380 009, Gujarat.

Nomination Form																								
						ı	No	mi	ina	tio	n F	0	rm											
Dat	e D D	M	И У У	Y	D	P ID	1	1	2	0	7	() /		0	0	Client ID							
																	UCC							
I/W	e wish to ma	ake a	nomination.	(As p	er a	letail	s g	ivei	n be	elov	v)													
No	mination De	etails																						
	I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in/our account in the event of my/our death.																							
Nomination can be made upto three nominees int he account				е	Details of 1st Nominee					Ī	Details of 2nd Nominee					Details of 3rd Nominee								
1.	1. Name of the nominee(s) (Mr./Ms.)			ls.)						Γ														
2.	Share of each Nominee	(If not equally			%						%					%								
	percentage)			Any old lot after division shall be transferred to the first nominee mentioned in the form.																				
3.	Relationshi (If Any)	ip witl	n the Applicar	nt																				
4. Address of Nominee(s)											Γ													
	City / Place : State & Coun	try:																						
			PIN CODE																					
5.	Mobile / Tel nominee(s)		ne No. of																					
6.	Email ID of	nomi	nee(s)																					
7.		anyo	cation details ne of following s of same)	-																				
☐ Photograph & Signature ☐ PAN☐ Aadhaar ☐ Saving Bank☐ Account No. ☐ Proof of Identity☐ Demat Account ID																								
Sr.	Nos. 8-14 sh	ould I	oe filled only i	f non	ninee	e(s) is	saı	min	or :															
8.	Date of Birt nominee(s)		case of minor																					
9.	Name of Gu {in case of		n (Mr./Ms.) nominee(s)}																					
10.	Address of	Guar	dian(s)																					



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	City / Place : State & Country	:						
11.	Mobile /Telepho Guardian	one no. of						
12.	12. Email ID of Guardian							
13.	Relationship of nominee	Guardian with						
14.	Nominee Identi (Please tick any and provide deta							
	☐ Photograph 8 ☐ Aadhaar ☐ S Account No. ☐ ☐ Demat Accou	Proof of Identity						
		Nam	ne(s) of holder	(s)			Signature(s)	of holder* (13)
Sole	e / First Holder (I		ne(s) of holder	(s)			Signature(s) o	of holder* (13)
	e / First Holder (I	Mr. / Ms.)	ne(s) of holder	(s)			Signature(s) o	of holder* (13)
Sec		Mr. / Ms.) / Ms.)	ne(s) of holder	(s)			Signature(s)	of holder* (13)
Sec	ond Holder (Mr.	Mr. / Ms.) / Ms.)			es thumb impressi	ion, instead of sigan		of holder* (13)
Thin *Signa Note: This n	rd Holder (Mr. / Nature of witness, along	Mr. / Ms.) / Ms.) Is.)	are required, if the a	account holder affix unt holder(s), if any	:			of holder* (13)