



Central Depository Services (India) Limited

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COMMUNIQUE TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/POLCY/2025/65

January 27, 2025

AMENDMENTS TO DP OPERATING INSTRUCTIONS CHAPTERS 2 & 3

DPs are advised to note that amendments have been incorporated in CDSL's DP Operating Instructions [OI] Chapter 2 – Account Opening and Chapter 3 – Account Administration and Maintenance wherein the changes for updation of choice of nomination in the eligible BO accounts.

The said amendments to the DP OI are provided in track changes mode in attached **Annexure – A, Annexure 2.1, Annexure 2.8, Annexure 3.2A, Annexure 3.3B.**

DPs are advised to take note of the same and ensure compliance.

Queries regarding this communiqué may be sent to CDSL – Helpdesk through e-mail on dpptasupport@cdslindia.com or call us on 022-6234-3333.

For and on behalf of

Central Depository Services (India) Limited

sd/-

Nilesh Shah

Asst. Vice President – Operations

| Sr. No. | Chapter-3- ACCOUNT ADMINISTRATION AND MAINTENANCE | |
|----------------------|--|--|
| | Existing Process | New Process |
| 3.3 | Annexures <ul style="list-style-type: none"> Annexure 3.1: Account Details Addition/Modification/Deletion Request Form. Annexure 3.2: Nomination form. | <ul style="list-style-type: none"> Annexure 3.1: Account Details Addition/Modification/Deletion Request Form. <u>Annexure 3.2 A</u>: Nomination form. <u>Annexure 3.2 B: Declaration for opting out of Nomination form.</u> |
| 3.4.2 3.4.2.1 | Addition of nomination <ul style="list-style-type: none"> This transaction allows the DP to setup a nomination request for a BO. The DP should mandatorily obtain a nomination form (Annexure 3.2) from the BO (Individual/NRI/Foreign National categories), duly filled and signed by all the holders. The DP shall ensure that the nomination is given by individuals only. Non-individuals including society, trust, corporate body, partnership firm, HUF, AOP, holder of POA, cannot appoint a nominee. A minor can nominate through a guardian. An NRI can nominate. The DP shall also ensure that the nominees appointed by the BO(s) are individuals. A body corporate, trust, society, partnership firm, HUF and AOP cannot be appointed as a nominee. An NRI can be appointed as a nominee subject to the Foreign Exchange Control Regulations in force from time to | Addition of nomination <ul style="list-style-type: none"> This transaction allows the DP to setup a nomination request for a BO. The DP should mandatorily obtain a nomination form (Annexure 3.2A) <u>in case of nomination details opted for</u> from the BO (Individual/NRI/Foreign National categories), duly filled and signed by the all the holder <u>(s)</u>. The DP shall ensure that the nomination is given by individuals only. Non-individuals including society, trust, corporate body, partnership firm, HUF, AOP, holder of POA, cannot appoint a nominee. A minor can nominate through a guardian. An NRI can nominate. <u>The DP shall also ensure that the nominees appointed by the BO(s) are individuals. A body corporate, trust, society, partnership firm, HUF and AOP cannot be appointed as a nominee. An NRI can be appointed as a nominee subject to the Foreign Exchange Control Regulations in force from time to</u> |

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| | <p>time. A minor can be appointed as a nominee represented by a guardian.</p> <ul style="list-style-type: none"> • The DPs should maintain a record of the nominees registered in a nomination register. The register can be in physical form or in electronic form. Each nomination entered in the register should be given a serial number. This serial number should be written on the nomination form along with date of entry of the nominations in the nomination register. • In case of physical nomination request is received duly signed by all holders [wet signature] in this case witness will not be required. • In case the demat account holder affixes the thumb impression instead of the signature, in this case DP shall ensure that the nomination form has to be signed by one witness also. The name, address and signature of witness are required to be mentioned on the nomination form. • In case of nomination request is received online through web portal of the DP and the same is e-signed by the demat account holder in this case witness signature will not be required. • If a BO does not wish to nominate, the option: "I/WE DO NOT WISH TO NOMINATE" in the Nomination Form should be selected. The DP should ensure that the nomination | <p>time. A minor can be appointed as a nominee represented by a guardian.</p> <ul style="list-style-type: none"> • All new investors shall continue to be required to mandatorily provide the 'Choice of Nomination' for demat accounts (except for jointly held Demat Accounts). • The DPs should maintain a record of the nominees registered in a nomination register. The register can be in physical form or in electronic form. Each nomination entered in the register should be given a serial number. This serial number should be written on the nomination form along with date of entry of the nominations in the nomination register. • In case of physical nomination request is received duly signed by all holder <u>(s)</u> [wet signature] in this case witness will not be required. • In case the demat account holder affixes the thumb impression instead of the signature, in this case DP shall ensure that the nomination form has to be signed by one witness also. The name, address and signature of witness are required to be mentioned on the nomination form. • In case of nomination request is received online through web portal of the DP and the same is e-signed by the demat account holder in this case witness signature will not be required. • If a BO does not wish to nominate, the BO should provide confirmation by ticking option: "I/WE DO NOT WISH TO NOMINATE" in Annexure 3.2B in the Nomination Form |
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| | <p>form is duly signed by all the account holders.</p> <ul style="list-style-type: none"> • A BO can appoint multiple nominees (upto three) in a demat account. • If a BO chooses to appoint multiple nominees, the BO has to specify the share of securities in terms of percentage which will be distributed ISIN wise equally and the same should total to 100%. • In case of multiple nominations, if the no of securities are not exactly divisible in the specified proportion in respect of a particular ISIN, the same shall be divided at ISIN level to the extent the securities are divisible and for the remaining securities which are in odd nos will be credited. | <p>should be selected. The DP should ensure that the Declaration for opting out of nomination form is duly signed by all the account holder(s).</p> <ul style="list-style-type: none"> • A BO can appoint multiple nominees (upto three) in a demat account. • If a BO chooses to appoint multiple nominees, the BO has to specify the share of securities in terms of percentage which will be distributed ISIN wise equally and the same should total to 100%. • In case of multiple nominations, if the no of securities are not exactly divisible in the specified proportion in respect of a particular ISIN, the same shall be divided at ISIN level to the extent the securities are divisible and for the remaining securities which are in odd nos-numbers will be credited to the first nominee. |
| 3.4.2.2 | <p>The DP shall, at all times, irrespective of subsequent variations and cancellations, maintain an updated "Register of Nominations" which shall contain the following information: -</p> <ol style="list-style-type: none"> a) Nomination Registration Number. b) Date of Registration. c) BO Account Number for which nomination is being received. d) Name of nominee(s). e) Percentage of share to be paid to the nominee. f) Address of nominee(s). g) If Nominee is a minor, then scheduled date of attaining majority | <ol style="list-style-type: none"> a) The DP shall, at all times, irrespective of subsequent variations and cancellations, maintain an updated "Register of Nominations" which shall contain the following information: - b) Nomination Registration Number. c) Date of Registration. d) BO Account Number for which nomination is being received. e) Name of nominee(s). f) Percentage of share to be paid to the nominee. g) Date of Birth mandatory if nominee is minor Address of nominee(s). |

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| | <p>h) Name/address of the guardian, if nominee is a minor.</p> <p>i) Remarks.</p> | <p>h)g) If Nominee is a minor, then scheduled date of attaining majority</p> <p>i)h) Name/address of the guardian, if nominee is a minor.</p> <p>j)i) Remarks.</p> |
| 3.4.2.3 | After verification of the documents for adding/changing nomination, particulars of the nomination details should be recorded in the CDSL system. | After verification of the documents for adding/changing nomination, particulars of the nomination details should be recorded in the CDSL system. |
| 3.4.2.3 | In case the DP has not entered the details of nomination in the Nomination Register and in the CDSL system, the BO account will be considered as "without nomination". | In case the DP has not entered the details of nomination in the Nomination Register and in the CDSL system, the BO account will be considered as "without nomination". |
| <u>3.4.2.4</u> | | <p><u>DPs are required to encourage the demat account holders to update 'choice of nomination' by sending a communication on fortnightly basis by way of emails and SMS to all such demat account holders who have not provided the 'choice of nomination'. The communication shall provide the guidance for demat account holders to provide 'choice of nomination'.</u></p> <p><u>DPs shall encourage the existing investors to provide the 'choice of nomination', a pop-up shall be provided on web/mobile application/platform to the investors by DPs, while logging into (including other platforms providing online execution services) their Demat account. This pop-up may be shown only to those clients whose demat account(s) do not have 'choice of nomination'.</u></p> |

Additional KYC Form for Opening a Demat Account

For Individuals

| |
|--|
| Depository Participant Name/Address |
|--|

(To be filled by the Depository Participant)

| | | | | | | | | | |
|---------------------------|------|---|---|---|---|---|---|-----------|---|
| Application No. | Date | D | D | M | M | Y | Y | Y | Y |
| DP Internal Reference No. | | | | | | | | | |
| DP ID | | | | | | | | Client ID | |

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

| | | | | | | | | | | | | | |
|----------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | PAN | | | | | | | | | | | | |
| | UID | | | | | | | | | | | | |
| | UCC | | | | | | | | | | | | |
| | Exchange Name & ID | | | | | | | | | | | | |
| Second Holder's Name | PAN | | | | | | | | | | | | |
| | UID | | | | | | | | | | | | |
| Third Holder's Name | PAN | | | | | | | | | | | | |
| | UID | | | | | | | | | | | | |

| | |
|--|--|
| Name * | |
| *In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above. | |

Type of Account (Please tick whichever is applicable)

| Status | Sub – Status |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____ |
| <input type="checkbox"/> NRI | <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others (specify) _____ |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)_____ |

Details of Guardian (in case the account holder is minor)

| | |
|--|--|
| Guardian's Name | PAN |
| Relationship with the applicant | |
| I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') | [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to share the email ID with the RTA | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical) | |

| | |
|---|--|
| I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Bank Details [Dividend Bank Details]

| | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | |
| IFS Code (11 character) | | | | | | | | | |
| Account number | | | | | | | | | |

| | | | | | | | | | | |
|---------------------|--|-------|-------|---------|----------|-------|-------|-------|-------|-------|
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____ | | | | | | | | | |
| Bank Name | _____ | | | | | | | | | |
| Branch Name | _____ | | | | | | | | | |
| Bank Branch Address | _____ | | | | | | | | | |
| City | _____ | State | _____ | Country | PIN code | _____ | _____ | _____ | _____ | _____ |

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

| | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|----|
| Other Details Gross Annual Income Details | Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000 | | | | | | | | | |
| | Net worth as on (Date) | D | D | M | M | Y | Y | Y | Y | Rs |
| | [Net worth should not be older than 1 year] | | | | | | | | | |
| Occupation | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____ | | | | | | | | | |
| Please tick, if applicable: | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) | | | | | | | | | |
| Any other information: | _____ | | | | | | | | | |

| | | |
|---|---|--|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4 | MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney (POA)) (if POA is not granted & you do not wish to avail of this facility, cancel this option). | |
| | To register for Easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

Nomination Details

| | |
|------------------------------------|--------------|
| Nomination Registration No. | Dated |
|------------------------------------|--------------|

- ☐ I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account..

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|--|---------------|--------------|
| Name | | | |
| Signatures | | | |

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
~~in both the cases i.e. nomination / opt-out nomination.~~

- ☐ I/We wish to make a nomination and do hereby nominate the following person (s) who shall is/are entitled to receive all the assets security balances lying held in my/our account, particulars where of are given below, in the event of my / our death.

Public

[Mandatory Details](#)

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|--|-------------------------|-------------------------|-------------------------|
| Nominee Name : *First Name: Middle Name: *Last Name | ..... ..... ..... | ..... ..... ..... | ..... ..... ..... |
| *Percentage of allocation of securities <input type="checkbox"/> Equally [If not equally, please specify percentage] | % | % | % |
| Or <input type="checkbox"/> Share of each Nominee | | | |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form | | | |
| *Relationship with the BO: | | | |
| *Date of birth and Name of Guardian to be provided in case of minor nominee (s) | | | |
| Non - mandatory details | | | |
| Nomination Identification Details —[Please tick any one of following and provide details of same] | Nominee 1 | Nominee 2 | Nominee 3 |
| <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 [Optional Fields] | | | |
| *Address of Nominee (s) / Guardian in case of Minor: | | | |
| *City /place | | | |
| *State & Country | | | |
| *Pin Code: | | | |
| *Country | | | |
| Mobile no./Telephone No of the Nominee (s) /Guardian in case of Minor. [Optional Fields] | | | |
| Email ID of the nominee (s) / Guardian in case of minor: [Optional Fields] | | | |

Public

| | | | |
|--|-------|-------|-------|
| | | | |
| | | | |
| Nominee/Guardian (incase of minor) 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 | | | |
| *Relationship with the BO: | | | |
| To be filled only if nominee(s) is a minor: | | | |
| Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy | | | |
| Name of the Guardian of Nominee (if nominee is a minor) | | | |
| *First Name: | _____ | _____ | _____ |
| Middle Name: | _____ | _____ | _____ |
| *Last Name | _____ | _____ | _____ |
| *Address of the guardian of nominee: | | | |
| *City | | | |
| *State | | | |
| *Country | | | |
| *PIN | | | |
| Age | | | |
| Mobile/Telephone no {Optional Fields} | | | |
| Email ID: {Optional Fields} | | | |
| Fax No: {Optional Fields} | | | |
| *Relationship of the Guardian with the Nominee | | | |
| | | | |
| Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar | | | |

Public

| | | | |
|---|--|--|--|
| Saving Bank account no. <u>Proof of Identity</u> <input type="checkbox"/> Demat Account ID {Optional Fields} | | | |
| | | | |

Note : ~~Residual securities: in case of multiple nominees remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee .~~

*** Marked is Mandatory field**

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature ~~in both the cases i.e. nomination /negative nomination~~

| Details of the Witness | |
|------------------------|-----------------|
| | Witness Details |
| Name of witness | |
| Address of witness | |
| Signature of witness | |

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|-------------|---|---------------|--------------|
| *Name | | | |
| *Signatures | | | |

(Signatures should be preferably in blue ink).

*** Marked is Mandatory field**

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

| | |
|---------------------------------|--|
| Name of the Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

Depository Participant Seal and Signature

===== (Please Tear Here) =====

Public

Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | |

To be filled by the Depository Participant)

| | | | | | | | | | | |
|---------------------------|--|------|---|---|---|---|---|---|-----------|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
| DP Internal Reference No. | | | | | | | | | | |
| DP ID | | | | | | | | | Client ID | |

Holders Details

| | | | | | | | | | | | | | | |
|----------------------------|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | | UID | | | | | | | | | | | | |
| Second Holder's Name | | PAN | | | | | | | | | | | | |
| | | UCC | | | | | | | | | | | | |
| | | Exchange Name & ID | | | | | | | | | | | | |
| | | UID | | | | | | | | | | | | |
| Third Holder's Name | | PAN | | | | | | | | | | | | |
| | | UID | | | | | | | | | | | | |

| | |
|--|--|
| Name * | |
| *In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above. | |

| | |
|-------------------------------------|--|
| Status | Sub – Status |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident |

| | | |
|---|--|--|
| I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my/our end (If not marked, the default option would be 'No') | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | |
| I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to share the email ID with the RTA | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical) | | |

| | |
|--|--|
| I / We wish to receive dividend / interest directly in to my bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|----|--|--|--|
| Other Details Gross Annual Income Details | Income Range per annum: | | | | | | | | | | | | |
| | <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000 | | | | | | | | | | | | |
| | Net worth as on (Date) | D | D | M | M | Y | Y | Y | Y | Rs | | | |
| | [Net worth should not be older than 1 year] | | | | | | | | | | | | |
| Occupation | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____ | | | | | | | | | | | | |
| Please tick, if applicable: | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) | | | | | | | | | | | | |
| Any other information: | | | | | | | | | | | | | |

| | |
|------------------------------------|--------------|
| | |
| Nomination Registration No. | Dated |

- | | First/Sole Holder or
Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|---|---------------|--------------|
| Name | | | |
| Signatures | | | |

☐ I/We wish to make nomination and do here by nominate the following person (s) -who shall is/are entitled to receive all the assests held security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-------------------------|-------------------------|-------------------------|
| Nominee Name : *First Name: Middle Name: *Last Name | | | |
| *Percentage of allocation of securities Equally [If not equally, please specify percentage] Or <input type="checkbox"/> Share of each Nominee | % | % | % |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form | | | |
| * Relationship with the BO: | | | |
| * Date of birth and Name of Guardian to be provided in case of minor nominee (s) | | | |

| Non - mandatory details | | | |
|---|--|--|--|
| | Nominee-1 | Nominee-2 | Nominee-3 |
| Nomination 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 Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID {Optional Fields} | | | |
| *Address of Nominee (s) / Guardian in case of Minor : : | | | |
| *City /place : | | | |
| *State & Country : | | | |
| *Pin Code : | | | |
| *Country | | | |
| Mobile no/Telephone No. of the Nominee (s) /Guardian in case of Minor : {Optional Fields} | | | |
| Email ID of the nominee (s) / Guardian in case of minor : : {Optional Fields} | | | |
| <u>Nominee/Guardian (incase of minor) Identification Details – [Please tick any one of following and provide details of same]</u> | | | |
| <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 | | | |
| FAX No.: {Optional Fields} | | | |
| *Relationship with the BO: | | | |
| Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy | | | |
| Name of the Guardian of Nominee (if nominee is a minor) *First Name: ----- ----- ----- Middle Name: ----- ----- ----- | ----- ----- ----- ----- ----- ----- | ----- ----- ----- ----- ----- ----- | ----- ----- ----- ----- ----- ----- |

| | | | |
|---|--|--|--|
| *Last Name | | | |
| *Address of the guardian of nominee: | | | |
| *City | | | |
| *State | | | |
| *Country | | | |
| *PIN | | | |
| Age | | | |
| Mobile Telephone no.: | | | |
| {Optional Fields} | | | |
| Email ID: | | | |
| {Optional Fields} | | | |
| Fax No: | | | |
| {Optional Fields} | | | |
| To be filled only if nominee(s) is a minor: | | | |
| *Relationship of the Guardian with the Nominee | | | |
| 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 | | | |
| {Optional Fields} | | | |
| * | | | |

Note : Residual securities: in case of multiple nominees, _____ remaining after distribution of securities as per percentage of allocation. shall be transferred to the first nominee.

* Marked is Mandatory field

Note

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature ~~in both the cases i.e. nomination / opt-out nomination~~

| Details of the Witness | |
|------------------------|-----------------|
| | Witness Details |
| Name of witness | |
| Address of witness | |
| Signature of witness | |

~~This nomination shall supersede any prior nomination made by the account holder(s), if any.~~

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|--|---------------|--------------|
| Name | | | |
| Signatures | | | |

(Signatures should be preferably in black ink).

* **Marked is Mandatory field**

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

===== Please Tear Here) =====

Application No.: **Acknowledgement Receipt**
Date:

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

| | |
|---------------------------------|--|
| Name of the Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

Depository Participant Seal and Signature

Nomination Form

**To,
The Depository Participant Name
Address**

Dear Sir/ Madam,

- ☐ I/We hereby confirm that I/We ~~do not wish to appoint any nominee in my demat account~~ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

~~[Strike-out what is not applicable.] [Signatures of all account holders should be obtained on this form].~~

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt-out nomination].

- ☐ I/We wish to make a ~~nomination~~ **and do here by nominate** the following person ~~/(s)~~ who ~~shall be~~ **entitled to** receive all ~~the~~ Assets ~~/ security balances lying held~~ in my/our account, ~~particulars whereof are given below~~, in the event of the death of ~~my death /our death~~ **to 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 | | | | | | | | | | | | | | | |

Mandatory Details

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-----------|-----------|-----------|
| Nominee Name : | | | |
| *First Name: | | | |
| Middle Name: | | | |
| *Last Name | | | |
| *Percentage of allocation of securities: | | | |
| <input type="checkbox"/> Equally [If not equally, please specify percentage] | % | % | % |
| Or | | | |
| <input type="checkbox"/> Share of each Nominee | | | |

| | | | |
|---|-----------|-----------|-----------|
| Any odd lot after division shall be transferred to the first nominee mentioned in the form | | | |
| *Relationship with the BO: | | | |
| * Date of birth and Name of Guardian to be provided in case of minor nominee (s) | | | |
| Non - mandatory details | | | |
| Nomination Identification Details— [Please tick any one of following and provide details of same] | Nominee-1 | Nominee-2 | Nominee-3 |
| <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 [Optional Fields] | | | |
| *Address of Nominee (s) / Guardian in case of Minor : | | | |
| *City /place : | | | |
| *State & Country : | | | |
| *Pin Code : | | | |
| *Country: | | | |
| Mobile no. / Telephone No of the Nominee (s) /Guardian in case of Minor : [Optional Fields] | | | |
| Email ID of the nominee (s) / Guardian in cae of minor : [Optional Fields] | | | |
| Fax No: [Optional Fields] | | | |
| Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same] | Nominee-1 | Nominee-2 | Nominee-3 |
| <input type="checkbox"/> Photograph & | | | |

| | | | |
|--|-------|-------|-------|
| <u>Signature</u> <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 | | | |
| *Relationship with the BO: | | | |
| To be filled only if nominee(s) is a minor: | | | |
| Date of birth (mandatory if Nominee is a minor): | | | |
| Name of the Guardian of Nominee (if the nominee is minor): | | | |
| *First Name: | ..... | ..... | ..... |
| *Middle Name: | ..... | ..... | ..... |
| *Last Name | ..... | ..... | ..... |
| *Address of the Guardian of nominee: | | | |
| *City: | | | |
| *State: | | | |
| *Country: | | | |
| *Pin: | | | |
| Age | | | |
| Mobile /Telephone no.: | | | |
| {Optional Fields} | | | |
| Email ID: | | | |
| {Optional Fields} | | | |
| Fax No: | | | |
| {Optional Fields} | | | |
| | | | |
| *Relationship of the Guardian with the Nominee: | | | |
| | | | |
| 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 {Optional Fields} | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Note : Residual securities: incase of multiple nominees, remaining after distribution of securities as per percentage of allocation, shall be transferred to the first nominee.

*** Marked is Mandatory field**

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination].

| | |
|------------------------|------------------------|
| Details of the Witness | |
| | Witness Details |
| Names of Witness | |
| Address of Witness | |
| Signature of Witness | |

This nomination shall supersede any prior nomination made by the account holder(s), if any.

Place: _____ Date: _____

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

| | |
|------------------------|------------------------|
| Details of the Witness | |
| | Witness Details |
| Names of Witness | |
| Address of Witness | |

Signature of Witness

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

Place: _____ Date: _____

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

(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 from :

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------|---|---|---|---|---|---|---|---|
| DP ID | | | | | | | | | | Client ID | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| Nomination in favor of First - Nominee | | | | | | | | | | | | | | | | | | |
| Second - Nominee | | | | | | | | | | | | | | | | | | |
| Third - Nominee | | | | | | | | | | | | | | | | | | |
| <u>No Nomination</u> | <input type="checkbox"/> Would like to opt out nomination. | | | | | | | | | | | | | | | | | |
| Registration No. | | | | | | | | | | Registered on | D | D | M | M | Y | Y | Y | Y |

Depository Participant Seal and Signature

Declaration for Opting Out of Nomination Form

To,
The Depository Participant Name
Address

Dear Sir/ Madam,

- ☐ I/We hereby confirm that I/We **do not wish to appoint any nominee in my /our demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

| | <u>First/Sole Holder</u> | <u>Second Holder</u> | <u>Third Holder</u> |
|------------------|--------------------------|----------------------|---------------------|
| <u>Name</u> | | | |
| <u>Signature</u> | | | |

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

| | |
|-------------------------------|------------------------|
| <u>Details of the Witness</u> | |
| | <u>Witness Details</u> |
| <u>Names of Witness</u> | |
| <u>Address of Witness</u> | |
| <u>Signature of Witness</u> | |

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

(To be filled by DP)

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

For Depository Participant
(Authorised Signatory)

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

Acknowledgement Receipt

Received nomination from :

| | | | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|---------------|---|---|---|---|---|---|---|---|
| DP ID | | | | | | | | | | Client ID | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| No Nomination | <input type="checkbox"/> Would like to opt out nomination. | | | | | | | | | | | | | | | | | |
| Registration No. | | | | | | | | | | Registered on | D | D | M | M | Y | Y | Y | Y |

Depository Participant Seal and Signature