



Central Depository Services (India) Limited

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COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/POLCY/2025/581

August 29, 2025

REVISE AND REVAMP NOMINATION FACILITIES STANDARD OPERATING PROCEDURE

DPs are advised to refer to Communiqué No. CDSL/OPS/DP/POLCY/2025/567 dated August 25, 2025, wherein we had informed regarding the Standard Operating Procedure (SOP) for operation of demat accounts in case of an incapacitated investor and mentioned that the link to access the SOP disseminated on the CDSL website will be intimated separately.

In view of the above, DPs are advised to note the below mentioned link of the SOP that has been disseminated on the CDSL website:

<https://www.cdslindia.com/downloads/DP/SOP%20for%20Incapacitated%20investor%20Final.pdf>

A copy of the revised Letter for intimating Incapacitation of the investor and relevant authorization, is also attached herewith as **Annexure – A**.

Queries regarding this communiqué may be addressed to: CDSL – Helpdesk Emails may be sent to: dprtasupport@cdslindia.com and connect through our IVR Number 022-62343333 .

For and on behalf of
Central Depository Services (India) Limited

sd/-

Nilesh Shah
Vice President - Operations

Letter for intimating Incapacitation of the investor and relevant authorization

Date:

To: _____ (Name of the Intermediary)

Location/ City Name: _____

Sub: **Intimation about Incapacitation of the investor and Authorization letter**

PAN of the Incapacitated investor																	
Demat Account / Folio No.																	

I/We hereby wish to inform you that the above referred investor has become incapacitated from ___ / ___ / ___ to ___ / ___ / ___ (tentatively) for reason _____ due to which he / she is unable to transact though having the capacity to contract. Refer the medical certificate from our doctor indicating the same.

I/We request you to record the same in your records and approve the transactions only if the same is initiated by the person authorized by him / her and is within the limits prescribed, if any. I/We also hereby authorize you/your team to independently validate the above incapacitation by visiting the incapacitated investor (tick appropriately / provide information as requested), take appropriate thumb / toe impression or complete any other prescribed processes and procedures, as mandated by the regulator(s).

- ☐ at the registered address (or)
- ☐ at the address where investor stays now (specify) _____
- ☐ at the hospital specify the details _____
- ☐ Contact Number(s): _____ to fix appointment (if required).

Documentary Proof enclosed (tick as applicable):

- ☐ Original Medical certificate indicating incapacitation.
- ☐ Self-attested PAN card copy / Masked Aadhaar copy of the incapacitated investor.
- ☐ Copy of the court order or letter from the competent authority (where applicable).
- ☐ ID Document number of authorized nominee (which should match with details of registered nominee)

I/We will extend all support and cooperation to complete the processes and tag the account as 'Incapacitation', wherever the above referred PAN / Folio(s) is present.

Declaration from Empowered Nominee

I hereby confirm my understanding and acknowledge the responsibility for limited purpose transaction, as per the wish of the investor(s), in the above referred account/folio and assure to help your esteemed organization with all the required information/documentary proof and support, as required from time to time.

Signatures:

Holder	Name	Signature
First holder		
Joint Holder1		
Joint Holder2		
Authorized Nominee		

Letter for intimating Incapacitation of the investor and relevant authorization

For Office Use only, to be filled only by Regulated Entity employee

I, _____ Emp. No. _____, DP/AMC/RTA Name _____ visited the above address/hospital and met the incapacitated investor and noted the incapacitation and obtain the following:

Date of Visit	Thumb Impression*	Toe Impression	Marks noted

*Signature of Witness:

Name of the Witness:

Address of the Witness:

Signature of the DP/AMC/RTA employee: _____