

# Nomination Form

**CENTRUM**

Date	D	D	M	M	Y	Y	Y	DP ID	1	2	0	1	2	2	0	0	Client ID					
Trading Code :																						
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 1 <sup>st</sup> Nominee					Details of 2 <sup>nd</sup> Nominee					Details of 3 <sup>rd</sup> Nominee								
1	Name of the nominee(s) (Mr./Ms.)																					
2	Share of each Nominee	Equally [If not equally, please specify percentage]						%					%									
<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)																					
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)																					
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 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.)																						