

NOMINATION FORM

To,

Irage Broking Services LLP

Unit-111, Wing-A, 1st Floor, "Boomerang", Chandivali Farm Road, Near Chandivali Studio, Andheri (East), Mumbai-400 072 Contact: 07965081210

Dear Sir / Madam,

I/We wish to make a nomination and do here by nominate the following person(s) who shall receive all the Assets held in my/our account, in the event of the death of my death/our death.

BO Account Details									
DP ID:									Client ID:
Name of First / Sole Holder									
Name of Second Holder									
Name of Third Holder									

Mandatory details

Sr. No.	Nomination Details	Nominee 1	Nominee 2	Nominee 3
1	Nominee Name: *First Name: Middle Name: *Last Name:	-----	-----	-----
2	*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		
3	*Relationship with the BO:			
4	*Date of birth and Name of Guardian to be provided in case of minor nominee (s)			

Non-mandatory details

5	*Address of Nominee (s) / Guardian in case of Minor:		
6	*City/Place:		
7	*State & Country:		
8	*Pin Code:		
9	Mobile no. / Telephone No of the Nominee (s) /Guardian in case of Minor:		
10	Email ID of the nominee (s) / Guardian in case of minor:		

11	Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same]			
12	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Savings bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

	First 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	
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.
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

Depository Participant Seal and Signature

(PLEASE TEAR HERE)

Acknowledgement Receipt

Received nomination from:

DP ID:													Client ID:						
Name																			
Address																			
Nomination in favor of First - Nominee																			
Second - Nominee																			
Third - Nominee																			
No Nomination	<input type="checkbox"/> Would like to opt out nomination.																		
Registration No.													Registration date (DD/MM/YYYY)						

Depository Participant Seal and Signature