



ESPS CAPITAL

NOMINATION

Nomination Registration No. _____

Date:

dd-mm-yyyy

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

 I/We do not wish to nominate any one for this demat account. OR I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.**BO Account Details**

DP ID :

12082900

Client ID :

Name of the First Holder _____

Name of the Second Holder _____

Name of the Third Holder _____

Nomination Details

Nominee 1

Nominee 2

Nominee 3

Nominee Name :

* First Name:

Middle Name:

*Last Name

*Address

* City

* State

* Pin

* Country

Telephone No.

Fax No.

PAN No.

UID

Email ID

* Relationship with the BO:

Date of birth(Mandatory
if Nominee is a minor)

dd-mm-yyyy

dd-mm-yyyy

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

*Pin

*Country

Age

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Telephone No.			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.
 * **Marked is Mandatory field**


This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us. Note: One witnesses shall attest signature(s)/Thumb impression(s).

Signature of Witness: 

Name: _____

Address: _____

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 Signature)



(Second Holder Signature)



(Third Holder Signature)

Date : DD / MM / YYYY

Place: _____