

Nomination Form

Shri Parasram Holdings Pvt. Ltd. B-7 Gupta Chamber Nimri Shopping Centre Bharat Nagar Delhi-110 052							5	FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																							
Date D D M M Y Y					Y	Y	UCC/	DP ID	1		2 0)	5	8 2	2	0	0	Client	ID												
																					1	UCC (COD	Е	••••	•••	•••••	••••	••••	••••	•••••
I/	We wisl	h to	ma	ake a	a nor	ninat	tion.	[As p	er de	tails g	iven belov	w]																			
No	ominatio	on D	et	tails																											
	We wish my / our				nom	inati	on an	nd do	here	by nor	ninate the	followin	g per	soi	n(s) w	ho	shal	l rece	eiv	e all	the a	assets he	eld in	n my	our /	acc	count i	in th	ie e	vent	
Nomination can be made upto three nominees in the account.							Details of 1 st Nominee							Details of 2 nd Nominee							Details of 3 rd Nominee										
1	1 Name of the nominee(s) (Mr./Ms.)																														
2	Share of each		•	Equally [If not equally,				% %										6	%												
	Nonin	nee		e		please specify percentage]			Any	odd lot af	ter divisi	on sh	ali	be tre	ans	sferr	ed to	th	e fir.	st no	minee n	ientio	oned	in th	e fo	rm.					
3 Relationship With the Applicant (If Any)																															
4 Address of Nominee(s)																															
	City / Place: State & Country:																														
						PIN	l Cod	le																							
5 Mobile / Telephone No. of nominee(s)								•									•							<u></u>							
6	Email	ID	of	non	ninee	e(s)																									
7	7 Nominee Identification details – [Please tick any one of following and provide details of same]																														
	Photograph & Signature PAN □ Aadhaar Saving Bank account no. Demat Account ID																														
Sr. N	os. 8-14	sho	ul	d be	fille	d on	lly if	nom	inee(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	Addre	ss o	f (Gua	rdia	ı(s)										Ī															

	City / Place: State & Country:						
		PIN Code					
11	Mobile / Tele Guardian	ephone no. of					
12	Email ID of Gua	rdian					
13	Relationship of (nominee	Guardian with					
14	Guardian Identia [Please tick any and provide detail	one of following					
	☐ Photograph & S☐ PAN account n Identity ☐ Demat Accoun	o. Proof of					
			Name(s) of ho	Signature(s) of holder*			
Sol	e / First Holder (Mr	:/Ms.)					
Se	econd Holder (Mr./N	Ms.)					
Tł	nird Holder (Mr./Ms	s.)					

Note:

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

 $The \ Trading \ Member \ / \ Depository \ Participant \ shall \ provide \ acknowledgement \ of the \ nomination \ form \ to \ the \ account \ holder(s)$

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