

Client Id _____

NOMINATION FORM



Alankit ASSIGNMENTS LIMITED

Corporate Office : Alankit Heights, I E/13, Jhandewalan Extension, New Delhi - 110055
 Tel. : +91-01142541798, +91-7290012308, Fax : +91-11-42541201, 23552001
 E-mail : info@alankit.com Website : www.alankit.com

I/We wish to make a nomination. [As per details given below]

Nomination Details

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 st Nominee | Details of 2 nd Nominee | Details of 3 rd 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) City / Place : State & Country : | | | |
| | PIN Code | | | |

| | | | | |
|----------|--------------------------------------|--|--|--|
| 5 | Mobile / Telephone No. of Nominee(s) | | | |
|----------|--------------------------------------|--|--|--|

| | | | | |
|----------|------------------------|--|--|--|
| 6 | Email ID of Nominee(s) | | | |
|----------|------------------------|--|--|--|

| | | | | |
|----------|---|--|--|--|
| 7 | Nominee Identification details - [Please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | |
|----------|---|--|--|--|

| | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> PAN Card | | | | |
| <input type="checkbox"/> Aadhaar Card | | | | |
| <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)} | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | |
|----------|--|--|--|--|
| 9 | Name of Guardian (Mr./Ms.) {in case of minor nominee(s)} | | | |
|----------|--|--|--|--|

| | | | | |
|-----------|------------------------|--|--|--|
| 10 | Address of Guardian(s) | | | |
|-----------|------------------------|--|--|--|

| | | | | |
|--|-------------------------------------|--|--|--|
| | City / Place : State & Country : | | | |
| | PIN Code | | | |

| | | | | |
|----------------------------------|---|--|--|----------------------------------|
| 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 the following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | |
| | <input type="checkbox"/> PAN Card | | | |
| | <input type="checkbox"/> Aadhaar Card | | | |
| | <input type="checkbox"/> 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(s) |
| Sole/First Holder Name (Mr./Ms.) | | | | |
| Second Holder Name (Mr./Ms.) | | | | |
| Third Holder Name (Mr./Ms.) | | | | |

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

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).

Declaration Form For Opting Out of Nomination



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I/We do not wish to make a nomination. [As per details given below]

| | |
|------------------------|--|
| Sole/First Holder Name | |
| Second Holder Name | |
| Third Holder Name | |

I/We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in not-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

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