

# CDSL S.P.Jain Securities Pvt. Ltd.

14, Raja Bahadur Building, 3<sup>rd</sup> Floor, 14, Ambalal Doshi Marg, Fort, Mumbai – 400 023.  
Phone : 66 31 41 08 / 66 31 41 09 \* Fax : 269 61 05 \* E-mail : [spjainsec@yahoo.co.in](mailto:spjainsec@yahoo.co.in) website:www.spjainsec.com

## Depository Participant of Central Depository Services (India) Ltd.

Depository Participant ID – 12028500

SEBI REGN.No. IN-DP-CDSL-190-2002

CIN : U67120MH1999PTC119007

Annexure3.2

### Nomination Form

To,  
S.P.Jain Securities Pvt Ltd  
14,Rajabahadur Bldg, 2nd flr,  
Ambalal Doshi Marg, Fort,  
Mumbai – 400 023

1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee
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Dear Sir/ Madam,

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.  
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- I/We **nominate** the following person 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.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*First Name			
Middle Name			
*Last Name			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address			
*City			
*State			
*PIN code			
*Country			
Telephone No.			
Mobile No.			
Fax No.			
PAN No.			
UID			
E-mail ID			

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*Relationship with BO									
DOB (mandatory in case of minor) dd/mm/yyyy	dd	mm	yyyy	dd	mm	yyyy	dd	mm	yyyy
Name of the Guardian of Nominee(if nominee is minor)									
*First Name									
Middle Name									
*Last Name									
*Address of the Guardian of Nominee									
*City									
*State									
*PIN code									
*Country									
Age									
Telephone No.									
Mobile No.									
Fax No.									
E-mail 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"/>		

\$ Note: Residual securities : in case of multiple nominees, please choose any 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.

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Place: \_\_\_\_\_

Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
<b>Name</b>			
<b>Signatures</b>			

Note : One witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_\_\_

===== (Please Tear here) =====

### Acknowledgement Receipt

Received nomination form from :

DP ID		Client ID	
Name			
Address			
Nomination in favor of			
<u>No Nomination</u>	<input type="checkbox"/> Does not wish to nominate		
Registration No.		Registered on	

**Depository Participant Seal and Signature**