

Nomination Form

To

CIL Securities Limited
214 Raghava Ratna Towers
Chirag Ali lane, Abids
Hyderabad – 500001

Nomination Reistration No.	Dated

Dear Sir,

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.**

I/We **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

DP ID	1	2	0	1	3	5	0	0	CLIENT ID							
Name of First Holder																
Name of Second Holder																
Name of Third Holder																
Nomination Details		Nominee 1					Nominee 2					Nominee 3				
Nominee 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)		----/----/-----														
Name of the Guardian of Nominee (if nominee is a minor)																
*Address of the guardian of nominee :																
*City																
*State																
*Country																

*PIN			
Age			
Telephone			
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"/>

***Marked is Mandatory field**

Note :Residual securities: in case 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. This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

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

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

	First /Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

===== Please Tear Here=====

Acknowledgement Receipt

Application No:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole/First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature