



Nomination Form

**To,
 TRADEWELL SECURITIES LIMITED
 1057-G, R.NO.45, JUBILEEHILLS
 HYDERABAD-500033**

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.

BO Account Details																							
DP ID										Client ID													
Name of the Sole / First Holder																							
Name of Second Holder																							
Name of Third Holder																							

Nominee details																							
First Name																							
Middle Name																							
Last Name																							
Address																							
City												State											
Country												PIN											
Telephone No.												Fax No.											
PAN												UID											
E-mail ID																							
Relationship with BO (If any)																							
Date of birth (If nominee is a minor)																							

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name																							
Middle name																							
Last name																							
Address																							
City												State											
Country												PIN											
Age												Fax No.											
Telephone No.																							
E-mail ID																							
Relationship of Guardian with Nominee																							

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

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

Acknowledgement Receipt

Received nomination from :

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

Depository Participant Seal and Signature