

# Nomination Form

**To,**  
**DP Dept.**  
**Monarch Network Capital Limited**  
Corp. Office: "MONARCH HOUSE"  
Opp. Ishwar Bhuvan, Commerce Six Roads  
Navrangpura, Ahmedabad – 380 014  
Tel: +91-79-2666 6500 Fax: +91-79-2666 6599

**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/s 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	1	2	0	3	5	0	0	0	Client ID							
Name of the Sole / First Holder																
Name of Second Holder																
Name of Third Holder																

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name:			
*First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
*Last Name:	_____	_____	_____
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No.:			
Fax No.:			

Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No.:			
UID:			
E-mail ID:			
*Relationship with the BO			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor): *First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
*Last Name:	_____	_____	_____
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age:			
Telephone No.:			
Fax No.:			
E-mail ID			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of Securities:	%	%	%
<b>*Residual Securities</b> <b>[Please tick any one nominee. If tick not marked default will be first Nominee]:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

**\* Marked is Mandatory field**

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

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

Name and Signature of Account holder(s)		
Account Holder(s)	Name	Signature of Account Holder
Sole / First Holder		
Second Holder		
Third Holder		

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

Details of the Witness	
	Witness
Name of Witness	
Address of Witness	
Signature of Witness	

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

**For Monarch Network Capital Limited**

**(Authorised Signatory)**

**Acknowledgement Receipt**

Received nomination form from:

DP ID	1	2	0	3	5	0	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
First Nominee:																	
Second Nominee:																	
Third Nominee:																	
<u>No Nomination</u>		<input type="checkbox"/> Does not wish to Nominate															
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

**For Monarch Network Capital Limited**