

NOMINATION FORM

To be filled in by individual applying singly or jointly

LAKSHMISHREE INVESTMENT AND SECURITIES LIMITED

"Shree House" C-29/61-5 Teliyabag, Varanasi - 221 002 | Phone : 0542-6600000




 Date - - UCC / DP ID Client ID

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 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 Nomination Equally (if not equally, Please specify percentage)	%	%	%			
		Any odd lot after division shall be transferred to the first nominee mentioned in the form					
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	E-mail ID of Nominee(s)						
7	Nominee Identification details- [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature , <input type="checkbox"/> PAN, <input type="checkbox"/> Saving bank A/C 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) }						
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}						
10	Address of Guardian(s)						
4	Address of Nominee(s) :						
	City / Place :						
	State & Country :						
	PIN Code :						

5	Mobile / Telephone No. of nominee(s)			
6	E-mail ID of Nominee(s)			
7	Nominee Identification details- [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature , <input type="checkbox"/> PAN, <input type="checkbox"/> Saving bank A/C No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat			
Name(s) of holder(s)				Signature(s) of holder
Sole / First Holder (Mr. / Ms.)				 Signature of Client
Second Holder (Mr. / Ms.)				 Signature of Client
Third Holder (Mr. / Ms.)				 Signature of Client
* 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 acknowledgment of the nomination form to the account holder(s).				

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DECLARATION FORM FOR OPTING OUT OF NOMINATION

To		Date <input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>	
Trading Member / Participant's Name		<input type="text"/>	
Trading Member / Participant's Address		<input type="text"/>	
UCC / DP ID <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>		Client ID (only for Demat Account) <input type="text"/>	
	Prefix	First Name	Middle Name
Sole / First Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
I/ We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / Demat account and understand the issue involved in non-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 _____		Name _____	
 Signature of Client		 Signature of Client	
		 Signature of Client	

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