

NOMINATION FORM

ANS Private Limited

CORPORATE OFFICE : ARHAM FINANCIAL CENTRE PANCHNATH MAIN ROAD, HARIHAR CHOWK,
RAJKOT - 360 001, GUJ., (INDIA) TEL. : 0281-6699300 FAX : 0281-2450758 email : ans@anspl.net

Nominee Registration No.

(To be filled in by Individual applying Single or Jointly)

Date		UCC		DP ID	1	2	0	1	9	8	0	0	Client ID						
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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 up to three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) Mr./Mrs.			
2	Share of each nominee 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	Email 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"/> Aadhaar			
	<input type="checkbox"/> Saving Bank A/c. No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat account ID			
Sr. Nos. 8 to 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./Mrs.) (in case of minor nominee(s))			
10	Address of Guardian(s) City/Place : State & Country : PIN Code			
11	Mobile/Telephone No. of Guardian(s)			
12	Email ID of Guardian(s)			
13	Relationship of Guardian with Nominee			
14	Guardian 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"/> Aadhaar			
	<input type="checkbox"/> Saving Bank A/c. No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat account ID			

	First/Sole Holder	Second Holder	Third Holder
Name			
Client Signature	(X) (5)	(X)	(X)

* 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 acknowledgement of the nomination from to the account holder(s).