



# ACML CAPITAL MARKETS LIMITED

(Formerly : ASE Capital Markets Limited)

Member: BSE (CASH, F&O), NSE (CURRENCY, CASH, F&O), NSDL DP, CDSL DP

SEBI REGN. NO.: INZ000260134

NSDL DP: In 302461, CDSL DP: 13015200, CIN : U67120GJ2000PLC037431 GSTIN : 24AADCA4629D1Z4

## Form 10

### Form for Nomination / Cancellation of Nomination

(To be filled in by individual applying singly or jointly)

Client ID								
DP ID	I	N	3	0	2	4	6	1
DP ID	1	3	0	1	5	2	0	0
Name of Sole/First Holder								
Name of Second Holder								
Name of Third Holder								

For Office Use		
Nominee Registration No.	Entered By	Verified By

## Annexure-B

### Declaration for opting-out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues 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 MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

#### Name and Signature of Holder(s)\*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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



# ACML CAPITAL MARKETS LIMITED

KAMDHENU COMPLEX, PANJARAPOLE, OPP. SAHAJANAND COLLEGE, AMBAWADI,  
AHMEDABAD – 15, PH.:079 – 26309434 / 26308875 / 26309619 - 20  
DPID NO.: 15200 SEBI REG. NO. IN-DP-CDSL-696-2013

**Please fill up this form for any modification in Existing details of BO**

**Account Details Addition / Modification / Deletion Request Form**

Application No.		Date											
-----------------	--	------	--	--	--	--	--	--	--	--	--	--	--

**Please fill all the details in Block Letters in English**

DP ID	1	3	0	1	5	2	0	0	Client ID	0	0						
-------	---	---	---	---	---	---	---	---	-----------	---	---	--	--	--	--	--	--

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- ☐ I/We request to carry out the change of address / signature in the demat account.
- ☐ I/We request to carry out the change of address/signature in the KRA and demat account.

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

Details (Pl. specify change of address, bank telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

======(Please Tear Here)=====

**Acknowledgement Receipt**

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date	D	D	M	M	2	0	1	6							
DP ID	1	3	0	1	5	2	0	0	Client ID	0	0						
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	
Modification requested for: [Specify reason]																	

**Depository Participant Seal and Signature**