ACML CAPITAL MARKETS LIMITED (Formerly ASE Capital Markets LTD.) Member :BSE (CASH,F&O), NSE(CURRENCY, CASH, F&O), NSDL DP, CDSL DP. SEBI Registration Numbers:INZ000260134, NSDL- IN 302461, CDSL- 13015200, CIN NO. U67120GJ2000PLC037431, GST NO: 24AADCA4629D1Z4.																	
NSDL / CDSL – NOMINATION REQUEST FORM																	
(FOR INDIVIDUALS ONLY)																	
Photograph o	f Nomine	ee 1						ominee 2		_		Photo	ograph o	of Nomi	nee 3		
Please paste here a recent passport size <b>photograph</b> of the nominee and nominee must sign it half-way across the photograph & the form.			pa of <u>no</u> ha	Please paste here a recent passport size <b>photograph</b> <b>of the nominee</b> and <b>nominee must sign</b> it half-way across the photograph & the form.				passp of t nom half-	Please paste here a recent passport size <b>photograph</b> of the nominee and <u>nominee must sign</u> it half-way across the photograph & the form.								
Nomine	Nominee Sign				Nor	ninee S	Sign					Nominee Sign					
If Nomines to a Mit																	
If Nominee is a Mino Photograph of C		1			P	Photograph of Guardian 2					Photo	Photograph of Guardian 3					
Please paste here a recent passport size <u>photograph</u> <u>of the Guardian</u> of minor nominee and <u>Guardian must sign</u> it half-way across the photograph & the form.			p o n <u>C</u> h	passport size <b>photograph</b> <u>of</u> <u>the</u> <u>Guardian</u> of minor nominee and <u>Guardian must sign</u> it half-way across the					passp <u>of 1</u> mino <u>Guan</u> half-y	Please paste here a recent passport size <b>photograph</b> <b>of the Guardian</b> of minor nominee and <b>Guardian must sign</b> it half-way across the photograph & the form.							
Guardian Sign				Guardian Sign				(	Guardian Sign								
<ul> <li>Dear Sir/Madam,</li> <li>I/We the Sole Holder/Joint Holders/Guardian (in case of minor) hereby declare that: (Strike Out whatever is not applicable)</li> <li>I/We do not wish to nominate to anyone for the below mentioned BO account</li> <li>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 death of the Sole holder or the death of all the Joint Holders.</li> </ul>																	
					B	O Ac	count	t Deta	ils								
Demat Accounts (NSI	DL)	Ι	N	3	0	2	4	6	1								
`	CDSL)	1	3	0	1	5	2	0	0	0	0						⊥
Name of the Sole/First H																	
Name of the Second Hol Name of the Third Hold																	——
	CI					Nomi	nation	Detaile									
Nominee Name	Nomination Details           ninee Name         Nominee 1         Nominee 2         Nominee 3																
First Name *																	
Middle Name																	1
Last Name *																	
Address *																	
City *																	
State * Country *																	
PIN *						-+											
Telephone No.																	
Fax No.	Fax No.																
Email ID																	

Г		1
PAN No.		
UID		
*Relationship with the BO:		
Date of birth (mandatory if Nominee is a minor):		
Name of the Guardian of Nomine	e (if the nominee is minor):	
First Name *		
Middle Name		
Last Name *		
Address of the Guardian of nominee *		
City *		
State *		
Country *		
PIN *		
Age		
Telephone		
Fax No		
Email ID		
*Relationship of the Guardian with the Nominee:		
*Percentage of allocation of securities		
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]		

**Note:** Residual securities: incase 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 : DD / MM / YYYY								
	First Holder	Second	l Holder	Third Holder					
Name									
Specimen Signature									
Note: Two witnesses shall attest signature	e(s)/Thumb impression(s).								
	Details o	f the Witness							
	First Witness		Second Witness						
Name of Witness									
Address of Witness									
Signature of Witness									
Note: Please mention N.A for w	hatever is inapplicable and strike-	-off wherever unfil	led.						

## NOT TO BE FILLED BY THE CLIENT (To be filled by DP)

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

(Authorized Signatory) ACML CAPITAL MARKETS LIMITED