

COCHIN STOCK BROKERS LTD.

Regd. Office: MES Dr. P. K. Abdul Gafoor Memorial Cultural Complex, 36/1565, 4th Floor, Judges Avenue, Kaloor, Kochi - 682 017 Tel: 0484 - 3048506-10 Sebi Regn No. IN-DP-260-2016

Nomination Form

Dear Sir/ Madam,

I/we the sole holder / Joint holders / Guardian (in case of minor) hereby declare that :

- If 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									
DPID 1 2	0 2 3 9 0 0	Client ID							
Name of the Sole / First Holder									
Name of Second Holder		and the administration as a finished with representation and an arrangement of the second second second second							
Name of Third Holder									
Nomination details	Nominee 1	Nominee 2	Nominee 3						
Nominee Name :									
	PHOTOGRAPH Please affix nominee's recent passport size photograph and sign across it, by the account holder	PHOTOGRAPH Please affix nominee's recent passport size photograph and sign across it, by the account holder	PHOTOGRAPH Please affix nominee's recent passport size photograph and sign across it, by the account holder						
Address									
Telephone No./ Mobile									
PAN No:									
UID:									
E-mail ID :									
* Relationship with the BO:									
Date of birth (Mandatory if nominee is a minor)									
Name of the Guardian of Nom -inee (if the nominee is minor)									
* Addres of the Guardian of Nominee									
Telephone No./ Mobile									
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 :_										 1
	First/Sole Holder				s	econd Holde	r			T/	nird l	Holo	ler			
Name																
Signatures																
Note: One witnesse:	s shall att	est signat	ure (s) / Th	umb	impres	sion.	***								
Details of the Witne						First Witness										
Names of Witness																
Address of Witness	S					***************************************								<u></u>		
Signature of Witness			•													
Nomination <u>Form</u> acc	cepted an	d registere			(Plea	se Tear			_date		or D	еро	sitor	ry Pa ed Si		
Received nomination	n from :			<u> </u>											1	
DP ID							Client ID			<u> </u>		_1	Д.			
Name Address				,												
Nomination in favour of * First - Nominee																
Second - Nominee																
Third - Nominee																
No Nomination		Does	not wish	n to no	minal	<u>te</u>									,	
Registration No.							Registered	on	D	D	М	M	Υ	Υ	Υ	Υ