



Annexure 3.2

Nomination Form

To,
The Trustline Securities Limited
B-3 Sector-3 Noida, Gautam Buddh Nagar
201301 U.P. INDIA

Registration No. _____ Date _____.

Dear Sir/ Madam,

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

- I/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												
DP ID	1	2	0	2	4	2	0	0	Client ID	0	0	
Name of the Sole /First Holder												
Name of Second Holder												
Name of Third Holder												

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:
Middle Name:
*Last Name
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:
Middle Name:
*Address of the			

Annexure 3.2

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]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: **One witness** shall attest signature/ Thumb impression.

Details of Witness		
	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant (Authorised Signatory)

======(Please Tear here)=====

Acknowledgement Receipt

Received nomination from :

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
DP ID	1	2	0	2	4	2	0	0	Client ID	0	0
Name of the Sole/First Holder											
Address											
Nomination in favor of											
First - Nominee											
Second - Nominee											
Third - Nominee											
No nomination <input checked="" type="checkbox"/>		Does not wish to nominate <input checked="" type="checkbox"/>									
Registration No.		Registered on	D	D	M	M	Y	Y	Y	Y	