

Sushil *Sushil Financial Services Pvt. Ltd.*

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CDSL DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP Id No. 028900 **DP SEBI REG. No.** IN-DP-CDSL-194-2002

NOMINATION FORM

Please fill all the details in BLOCK LETTERS in English.

Date										
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APPLICATION No.	
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I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We do not wish to nominate anyone for this demat account.
- 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.

CLIENT CODE :

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NOMINEE REGISTRATION NO. :

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BO Account Details:																				
Client Demat Account No.	1	2	0	2	8	9	0	0												
Name of the Sole / First Holder																				
Name of Second Holder																				
Name of Third Holder																				

Details of Nomination :

Nominations Details:	Nominee-1	Nominee-2	Nominee-3
Nominee Name			
Address			
City State Pin			
PAN No.			
UID No.			
Phone / Mobile No.			
Email id			
Relationship with the BO			
Date of Birth of Nominee			
Percentage of Allocation of securities to Nominee			
*Residual of Securities (please tick any one of nominee. If not tick default will be given to 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.

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

DETAILS OF GUARDIAN IF NOMINEE/HOLDER IS MINOR

Name of Guardian			
Address of Guardian			
City State Pin			
Age			
Relationship of the guardian			
PAN No.			
Guardian Signature			

BO's Signature

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	F19 XX 	S4 XX 	T4 XX 

Place: _____ Date:

D	D	/	M	M	/	Y	Y	Y	Y
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One witnesses shall attest signature(s) / Thumb impression (s).

Details of the Witness:

Names of Witness	
Address of Witness	
Signature of Witness	