

**ANGEL BROKING LTD.**

CDSL DP ID: 12033200

**G-1, AkruTI Trade Center, Road no. 7, MIDC, Andheri (E), Mumbai- 400093.**

E-mail: dpsupport@angelbroking.com

Tel: 022-28358800 / 022-28357700 Fax: 022-28204279

**PMS - Nomination Form****Add / Change**

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby nominate the following person 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.

<b>BO Account Details</b>																			
DP ID										Client ID									
Name of the Sole / First Holder																			
Name of Second Holder																			
Name of Third Holder																			

<b>New Nominee details</b>																	
First Name																	
Middle Name																	
Last Name																	
Address																	
City										State							
Country										PIN							
Telephone No.										Fax No.							
E-mail ID																	
Relationship with BO (If any)																	
Date of birth (If nominee is a minor)																	

Please Fill Existing details of nominee below:- (if any)

<b>Existing Nominee details</b>																	
First Name																	
Middle Name																	
Last Name																	
Address																	
City										State							
Country										PIN							
Telephone No.										Fax No.							
E-mail ID																	
Relationship with BO (If any)																	
Date of birth (If nominee is a minor)																	

(for New nominee) As the nominee is a minor as on date, I/We appoint following person to act as guardian:

First Name																	
Middle Name																	
Last Name																	
Address																	
City										State							
Country										PIN							
Age																	

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to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Join tholders.

This nomination is in accordance with the section 109 A of the companies act, 1956, and 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			
Specimen Signature			

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness

	First Witness	Second Witness
Names of Witness		
Address of Witness		
Signature of Witness		

(To be filled by DP)

Nomination accepted and registered wide Registration No. \_\_\_\_\_ Dated \_\_\_\_\_.

For Depository Participant  
(Authorised Signatory)

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

**Acknowledgement Receipt**

Received nomination request from :

DP ID										Client ID									
Name																			
Address																			
Nomination in favor of																			
Registration No.											Registere	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature