

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

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.

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

New Nominee details													
First Name													
Middle Name													
Last Name													
Address													
City													
Country													
Telephone 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)

Existing Nominee details													
First Name													
Middle Name													
Last Name													
Address													
City													
Country													
Telephone No.													
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													
Country													
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 Joint holders.

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.						Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature