

ANGEL BROKING PVT. LTD.

CDSL DP ID: 12033200

G-1, Ackruti Trade Center, Road no. 7, MIDC, Andheri (E), Mumbai - 400 093.

E-mail: dpsupport@angelbroking.com

Tel: (022) 2835 8800 / 2835 7700 Fax: (022) 2820 4279

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	1	2	0	3	3	2	0	0	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		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)

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

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			
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