

## **Nomination Form**

[Annexure A to SEBI circular no. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/23 dated February 24, 2022 on Nomination for Eligible Trading and Demat Accounts – Extension of timelines and relaxations for existing account holders]

17A/5 GURU NEW	FARSIGHT SEC 5, TRIVENI PL JDWARA ROAI DELHI-110005, ite: www.farsight	FORM FOR NOMINATION  (To be filled in by individual applying singly or jointly)																				
Da	ate D D	M M	Y	Y	Y UC	C/DP ID	Ι	N						Client ID								$\perp$
I	/We wish to make	e a nomination.	[As per	· details g	iven belov	v]																
N	omination Detail	ls																				
	We wish to make may / our death.	a nomination a	nd do h	ereby nor	ninate the	following	g pers	on(s) v	vho	shall	recei	ve all t	he assets	held in	my/	our a	acco	ount i	n tl	ne ev	ent	
Nomination can be made upto three nominees in the account.			Details of 1st Nominee					Details of 2 <sup>nd</sup> Nominee					Details of 3 <sup>rd</sup> Nominee									
1	1 Name of the nominee(s) (Mr./Ms.)																					
2	Share of each Nominee Equally [Ifnot equally, please specify]						9/	ó					%								%	
	110HIHICE	please specify percentage]	Any odd lotafter division shall be transferred to the first nominee mentioned in the form.																			
3	Relationship With the Applicant (If Any)																					
4	4 Address of Nominee(s)  City / Place: State & Country:																					
		PIN C	ode																			
5	5 Mobile / Telephone No. of nominee(s) #																					
6	6 Email ID of nominee(s) #																					
7	7 Nominee Identification details # [Please tick any one of following and provide details of same]																					
	☐ Photograph & Signature PAN☐ Aadhaar Saving Bank account no. Demat Account ID																					
Sr. N	Nos. 8-14 should b	oe filled only if	î nomin	ee(s) is a	minor:																	
8	8 Date of Birth {in case of minor nominee(s)}																					
9	9 Name of Guardian(Mr./Ms.) {in case of minor nominee(s) }																					
10	10 Address of Guardian(s)																					

	City / Place: State & Country:								
		PIN Code							
11	11 Mobile/Telephone no. of Guardian#								
12	Email ID of Guar	rdian#							
13 Relationship of Guardian with nominee									
14	Guardian Identii [Please tick any and provide detai  Photograph & S PAN Account n Identity Demat Account	one of following ls of same] Signature to. Proof of							
			Name(s) of ho	lder(s)	5.1 Signature(s) of holder*				
Sol	e / First Holder (Mr.	/Ms.)							
S	econd Holder (Mr./N	1s.)							
T	hird Holder (Mr./Ms.	.)							

## Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Name and Signature of Holder(s)*								
1	2.	3						
	<del></del>							

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature #Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature