

Nomination Form

To,
INDmoney Private Limited
616, 6th floor, Suncity Success Tower,
Sector 65, Gurugram, Haryana, 122005
SEBI Reg No: IN-DP-690-2022
CDSL DP ID: 95500

- I/We hereby confirm **that I/We do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / / opt out nomination -

- I/We nominate the following person/s who is entitled to receive all Assets / 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	9	5	5	0	0	Client ID			
Name of the Sole / First Holder												
Name of Second Holder												
Name of Third Holder												

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name			
*Percentage of allocation of securities <input type="checkbox"/> Equally [If not equally, please specify percentage] Or <input checked="" type="checkbox"/> Share of each Nominee	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
Nomination Identification Details – [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3

<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			
*Address:			
*City			
*State			
*Pin			
*Country			
Mobile no/Telephone No. [Optional Fields]			
Email ID: [Optional Fields]			
FAX No. [Optional Fields]			
*Relationship with the BO:			
To be filled only if nominee(s) is a minor:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name			
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile /Telephone no [Optional Fields]			
Email ID: [Optional Fields]			
Fax No. [Optional Fields]			
*Relationship of the Guardian with the Nominee			

Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			
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Note : Residual securities: in case of multiple nominees remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee .

*** Marked is Mandatory field**

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination /negative nomination

Details of the Witness	
	Witness Details
Name of witness	
Address of witness	
Signature of witness	

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

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.: _____ **Date:** _____
Received nomination from : Mr./Ms _____

DP ID	1	2	0	9	5	5	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
First - Nominee																	
Second – Nominee																	
Third - Nominee																	
<u>No Nomination</u>	<input type="checkbox"/> Would like to opt out nomination.																
Registration No.									Registered on								

Depository Participant Seal and Signature