

**NIRMAN SHARE BROKERS (PVT.) LTD.**Nirman House 8, M.P. Nagar, Zone-I, Bhopal – 462011 (M.P.)  
Ph.: 0755-4260000, 4233666, 4233777, Fax: 0755-4288800E-mail: [info@nirmanbroking.com](mailto:info@nirmanbroking.com) Website: [www.nirmanbroking.com](http://www.nirmanbroking.com)

Depository Participant ID – 12059500

SEBI REGN.No. IN-DP-CDSL-494-2008



CDSL

**NOMINATION FORM**

Dear Sir/Madam,

I/we the sole holder/Joint holders/Guardian (In case of minor) hereby declare that:

 I/We do not wish to nominate any one for this Demat account. [strike out what is not applicable] [signatures of all account holders should be obtained on this form]. I/we nominate the following person/s who is entitled to receive security balances lying in my/our account, particular 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	5	9	5	0	0	Client ID	0	0		
Name of the Sole/First Holder													
Name of the Second Holder													
Name of the Third Holder													
Nominee Details		Nominee1				Nominee2				Nominee3			
Nominee Name													
*First Name:													
Middle Name:													
*Last Name:													
Address													
City													
State													
Pin													
Country													
Telephone No													
Fax No.													
PAN No.													
UID													
E-mail ID													
Relationship with BO (If any)													
Date of birth (mandatory if Nominee is a minor):													
Name of the Guardian of Nominee(if the nominee is minor):													
*First Name:													
Middle Name:													
*Last Name:													
*Address of the Guardian of nominee:													
*City:													
*State:													
*Country:													
*Pin:													
Age													
Telephone:													
Fax No:													

<b>Email ID:</b>			
<b>*Relationship of the Guardian with the Nominee:</b>			
<b>*Percentage of allocation of securities:</b>			
<b>*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note :** Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

**\* Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Place \_\_\_\_\_

Date: \_\_\_\_\_

	<b>First Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
<b>Name</b>			
<b>Signature</b>			

Note: One witness shall attest signature(s)/ Thumb impression(s).

<b>Details of Witness</b>	<b>First Witness</b>
<b>Name of Witness</b>	
<b>Address of Witness</b>	
<b>Signature of Witness</b>	

**(To be filled by DP)**

Nomination Form accepted and registered wide registration no. \_\_\_\_\_ Dated \_\_\_\_\_.

For Nirman Share Brokers Pvt Ltd.  
(Authorised Signatory)



# NIRMAN SHARE BROKERS (PVT.) LTD.

Nirman House Plot No. 8, M.P. Nagar, Zone-I, Bhopal – 462011 (M.P.)

Ph.: 0755-4260000, 4077777, Fax: 0755-4288800

E-mail: [info@nirmanbroking.com](mailto:info@nirmanbroking.com) Website: [www.nirmanbroking.com](http://www.nirmanbroking.com)

**Depository Participant ID-12059500 SEBI REGN.IN DP- CDSL-494-2008**

## ACCOUNT DETAILS ADDITION/MODIFICATION /DELETION REQUEST FORM

Please fill all the details in Block Letters in English

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please Mark (Tick) on the appropriate column. (✓) Both ( ) Trading ( ) Demat ( )

Application No:										KYC No.						
DP ID	1	2	0	5	9	5	0	0	CLIENT ID	0	0					
Name of First /Sole Holder																
Name of Second Holder																
Name of Third Holder																

I/We request to carry out the change of **address / signature in the Demat account**

I/We request to carry out the change of **address / signature in the KRA and demat account**

We agree to pay **Rs. 100/-** towards modification charges & authorized you to debit in my trading account

I/we request you to make the following additions / modification/ deletions to my /our account in your records.

		Existing Details		New Details	
			MI CR (Mandatory)		MI CR (Mandatory)
Bank details & Dividend Details	Addition	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Modification	<input type="checkbox"/>	IFS CODE. _____ Account No. _____	<input type="checkbox"/>	IFS CODE. _____ Account No. _____
	Deletion	<input type="checkbox"/>	Account Type : S/B <input type="checkbox"/> C/A <input type="checkbox"/> Bank Name _____	<input type="checkbox"/>	Account Type : S/B <input type="checkbox"/> C/A <input type="checkbox"/> Bank Name _____
Address details Correspondence & Permanent Address	Addition	<input type="checkbox"/>		<input type="checkbox"/>	
	Modification	<input type="checkbox"/>		<input type="checkbox"/>	
	Deletion	<input type="checkbox"/>	City :	<input type="checkbox"/>	City :
	Status	<input type="checkbox"/>	State :	<input type="checkbox"/>	State :
		<input type="checkbox"/>	Country :	<input type="checkbox"/>	Country :
	Income	<input type="checkbox"/>	PIN :	<input type="checkbox"/>	PIN :
		<input type="checkbox"/>	Tel. No. :	<input type="checkbox"/>	Tel. No. :
<input type="checkbox"/>		Mobile No:	<input type="checkbox"/>	Mobile No:	
		<input type="checkbox"/>	Email-ID :	<input type="checkbox"/>	Email-ID :

**PLEASE SEND MY ALL DOCUMENTS (SOFT COPY) AND CONTRACT NOTES IN MY NEW EMAIL ID AS PER ABOVE**

**Any one Proof requires from the following list:-**

Bank Details : Cancelled Cheque, copy of bank passbook, Statement of account duly attested by bank authorities.

Address details: Passport, Voter ID Card, Diving License, Bank Passbook, Electricity bill or Telephone Bill (not more than two months)

	First /Sole Holder	Second Holder	Third Holder
<b>Name</b>			
<b>Signature</b>			

**For Office Use only:-**

Received by  Verified By  Entered By

DP Seal & Signature