

Nomination Form

Annexure 3.2

To

AASMAA SECURITIES PVT. LTD.

Flat 401/A&B, 4th Floor, Astral Heights

Complex, 6-3-352/2&3, Road No.1

Banjara Hills, Hyderabad, Telangana-500034

Dear Sir / Madam,

I/We the sole holder / Joint holder / 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 persons 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								ClientID	
Name of the First / Sole 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 :			
Address :			
* City :			
* State :			
* Pin :			
* Country :			
Telephone			
No : Fax No :			

Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No.			
UID :			
e-Mail ID :			
* Relationship with the BO			
Date of birth (mandatory if Nominee is minor):			
* First Name :			
Middle Name :			
* Last Name :			

*Address of the Guardian of Nominee :	Nominee 1	Nominee 2	Nominee 3
* City :			
* State :			
* Pin :			
* Country :			
Age			
Telephone			
Fax No. e-			
mail Id :			
* Relationship with the Guardian with the Nominee :			
* Percentage of allocation of securities:			
* Residual Securities (please tick any one nominee) :	☐	☐	☐

Note : Residual securities : in case 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.

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

Place : _____ Date : _____

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

	Witness
Name of Witness	
Address of Witness	
Signature of Witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

(To be filled by DP)

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

For Depository Participant

(Authorised Signatory)

