Mindex Capital Market Pvt Ltd
Regd. Office: 1306, Padma Tower-1, Rajendra Place, Delhi-110008
Telephone: +91-011-4090400, 93110-93150
Email: ask@mindexcapital.com • Website: www.mindexcapital.com

Nomination form

Nomination Registration No: ..... **Date : ...../...../.....**

I/we wish to make a nominations. (As per details given below)

I/we wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.

Nomination Details

	Mandatory Details*						Additional Details	
	Name of Nominee	Share of Nominee	Relation ship	Postal Address	Mobile No. & E-mail	Identity Numer *	DOB of Nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

***Joint Accounts:**

Event	**Transmission of Accounnt / Folio to**
Demise of one or more joint holder(s)	Surviving folder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously – having nominee	Nomimee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest folder

**if % is not specified, then the assets shall be distributed equally amongst at! the nominees (see table in 'Transmission aspects').
**Provide only number; PAN or Driving License or Aadhaar (last4). Copy of the document is not required.
**to be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

I/We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC /DP as follows; (please tick, as appropriate)

○ Name of nominee(s) ○ Nomination: Yes / No

1. I hereby authorize _____ (nominee number ____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encase my assets up to **___%** of assets in the account / folio or Rs. _____
   (strike off portions that are not relevant)
2. This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of holder(s)		**Signature(s) of holder**	**Witness Signature**
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

*Signature of two witness (es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature

This nomination shall supersede any prior nomination made by me / us, if any.

DECLARATION FORM FOR OPTING OUT OF NOMINATION

To	Date	D	D	M	M	Y	Y	Y	Y

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DP ID								
UCC								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

I / We hereby confirm that I / We do not wish to appoint any nomiee(s) in my / ourtrading / 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 trading / demat account, which may also includee documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)*

1._____**2.**_____**3.**_____

*Signature of witness, along with name address are required, if the account holder affixes thumb impression, instead of Signature