SPFL Securities Limited

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[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]

FORM FOR NOMINATION

(To be filled in by individual applying singly or jointly)

Date		Ε	D	М	М	Y		Y	Y	Y	UCC/	DP ID				Cl	ient ID									
I/	I/We wish to make a nomination. [As per details given below]																									
No	Nomination Details																									
	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 can be made upto three nominees in the account.							e	Details of 1 st Nominee				Details of 2 nd Nominee				Details of 3 rd Nominee										
1	Name	of	the r	omine	e(s)	(Mr.	/M	s.)												,						
2	Share of Equally							%		%					,	%										
		Nominee [If not equally, please specify		ŀ																						
					centag			_	Any odd lot after division shall be transferred to the first nominee mentioned in the form.																	
3	Relation (If A			With tl	he A	pplic	can	t																		
4 Address of Nominee(s)																										
City / Place:																										
	State &	& С	ount	ry:															_			_				
					PIN	l Cod	le																			
5 Mobile / Telephone No. of nominee(s) #			of																							
6	6 Email ID of nominee(s) #																									
7	7 Nominee Identification details # [Please tick any one of following and provide details of same]			# g																						
☐ Photograph & Signature ☐ PAN☐ Aadhaar ☐ Saving Bank account no. ☐ Proof of Identity ☐ Demat Account ID				k																						
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																										
8 Date of Birth {in case of minor nominee(s)}			r																							
9	Name case of	of f m	Gua inor	rdian (nomin	Mr./	/Ms.)) }	iı}	n																		
10	Addre	ss	of G	uardia	n(s)																	_	_			_

	City / Place: State & Country:									
		PIN Code								
11	Mobile / Telepho Guardian #	ne no. of								
12	Email ID of Gua	rdian #								
13	Relationship of nominee	Guardian with								
14	Guardian Identif [Please tick any of and provide detail Photograph & S PAN Adaha account no. Pr Demat Account	one of following ls of same] Signature ar Saving Bank coof of Identity								
			Name(s) of hol	lder(s)			Signature(s)	of holder*		
Sol	e / First Holder (Mr	./Ms.)								
Se	cond Holder (Mr./N	As.)								
Th	nird Holder (Mr./Ms	i.)								
* Sign	ature of witness, a	-	_	ired, if the account he	older affixes thum	b impression, i	nstead of signatu	re		

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					
"							

[#] Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature