

SPFL Securities Limited

15/63-L, CIVIL LINES, Near D.A.V. College, KANPUR - 208 001
Phones: (0512) 2330984-985-986, 7052922999

FORM FOR NOMINATION

To be filled in by individual applying singly or jointly

Date	e J D N	MYY	Y Y.	UCC	2/ 5							Client I	D	a doll of loss	OW.	1512 F)			
auticalità il decompositi si																			
I/We wish to make nomination [As per details given below]																			
No	Nomination Details																		
		e nomination do ent of my/our dea		nomina	te the	follow	wing	per	son(s) who	o sha	all recei	ive a	all ass	ests	held	in m	y/our	
	mination can be ee nominess in	Details of 1 st Nominee					Details of 2 nd Nominee						Details of 3 rd Nominee						
1.	Name of the nom															1			
2.	Share of each .	Equally [If not equally, please specify percentage]				%	6					(%	(elifo	(6) 16	BOH.	VALUE OF	9,	%
	1 . v		Any odd lot after division shall be transferred to the first nominee mentioned in the form.													n.			
3.	Relationship with (if any)																		
4.	4. Address of Nominee(s)			(SADJOR)	กบอออ	6 5411			4 6 15			990 O.C.		w geo					
	City / Place State & Country			·,			d'es			11000	•			e lite			- e1		
	(s)copped the	PIN Code	oligininas	a edi k	jacen	mgbah	Non		sivoti	tier	pina	Glothe (1)	V I	eogsS	1 (6)	inte	Lipnib	e 17 i se	
5.	Mobile / Telepho nominee(s)						44075201488												
6.	Email ID of nomi																		
7.	[Please tick any one of following and provide details of same] Photograph & Signature PAN Adhar Saving Bank																	•	
account No. ☐ Proof of Identity ☐ Demat Account ID									611										
Sr. No. 8-14 should be filled if nominee(s) is a minor :																			
8.	Date of Birth (in nominee(s)																		
9.	Name of Guardia case of minor no																		
10. Address of Guardian(s)																			
;	City / Place State & Country																		
-		PIN Code																	

Mobile / Telephone No. of 11. Guardian(s) Email ID of Guardian(s) 12. Relationship of Guardian with 13. the nominee(s) Guardian Identification details -14. [Please tick any one of following and provide details of same] ☐ Photograph & Signature □ PAN □ Aadhar □ Saving Bank account No. □ Proof of Identity Demat Account ID Signature(s) of Holder* Name of Holder(s) Sole / First Holder (Mr./Ms.) Second Holder (Mr./Ms.) Third Holder (Mr./Ms.) Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature 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)