

ISF SECURITIES LTD.

SEBI REGN. NO. : IN-DP-CDSL-647-2011 • DP ID 12073300

Regd. & Corp. Office : 5A/4B, Ansari Road, Darya Ganj, New Delhi-110002

Phone No.: 011-43500300 • Fax : 011-43500314

E-mail : contactus@isfsecurities.com • Web : www.isfsecurities.com

NOMINATION FORM ADD / CHANGE

Dear Sir/Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / hereby nominate the following person 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 Sold holder or the death of all the Joint holders.

BO Account Details

DP ID	1	2	0	7	3	3	0	0	Client ID								
Name of the Sole/First Holder																	
Name of the Second Holder																	
Name of the Third Holder																	

New Nominee Details

First Name																	
Middle Name																	
Last Name																	
Address																	
City											State						
Country											PIN						
Telephone No.											Fax No.						
E-mail ID																	
Relationship with BO (if any)																	
Date of Birth (If nominee is a minor)																	

Please Fill Existing details of nominee below :- (if any)

Existing Nominee Details

First Name																	
Middle Name																	
Last Name																	
Address																	
City											State						
Country											PIN						
Telephone No.											Fax No.						
E-mail ID																	
Relationship with BO (if any)																	
Date of Birth (If nominee is a minor)																	

(for New nominee) As the nominee is a minor as on date. I/We appoint following person to act as guardian :

First Name																	
Middle Name																	
Last Name																	
Address																	
City											State						
Country											PIN						
Age											Fax No.						

to receive the securities in this account on behalf of the nominee in the event of the death of the Sold holder / all Joint Holders.

This nomination is in accordance with the section 109 A of the companies Act, 1956 and shall supersede any prior nomination made by me / us and also testamentary document executed by me/us.

Place _____

Date _____

	First / Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature			

Note : Two witnesses shall attest signature(s) / Thumb Impression(s).

Details of the Witness

	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

Nomination accepted and registered wide Registration No. _____ Date _____

For Depository Participant

(Authorised Signatory)

Acknowledgement Receipt

Received nomination request from :

DP ID	1	2	0	7	3	3	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
Registration No.										Registered on							

Depository Participant Seal and Signature