Nomination Form To be filled in by individual applying singly or jointly

RR Equity Brokers Pvt. Ltd (Dp Id-42300) Corporate Office: 412-422,Indraprakash Building, 21 Barakhamba Road, New Delhi-110001. Ph. No. 011-23354802 E-mail dp@rrfcl.com

Dear Sir/ Madam,

I/We the Sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ☐ I/We do not wish to nominate any one for this demat account
- I/We nominate the following persons who is/are entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of the death.

BO Account Details	BO Account Details Date:-								
DP ID 1	2 0 4 2 3 0 0	Client ID							
Name of the Sole / First Holder		1 1							
Name of Second Holder									
Name of Third Holder									
Nomination Details	Nominee 1	Nominee 2	Nominee 3						
First Name									
Middle Name									
Last Name									
Address of Nominee(s)									
Address of Northinee(s)									
City									
Oity									
State									
Pin									
FIII									
Country									
Talanhana Na									
Telephone No.									
FAX No.									
2444									
PAN No.									
UID									
Email ID									
Relationship with the BO									
Date of birth (mandatory if									
Nominee is a minor) dd-mm-yyyy									
Name of the Guardian of Nominee									
(if nominee is a minor) First Name									
Name of the Guardian of Nominee (if nominee is a minor) First Name									
Name of the Guardian of Nominee									
(if nominee is a minor) Middle									
Name									
Address of the guardian of nominee									
City									
State									

Pin									
_									
Country									
Telephone	No.								
FAX No.									
PAN No.									
UID									
Email ID									
Relationshi Nominee	ip of the Guardian with the								
	e of allocation of								
securities	e or anocation or								
Residual S	Securities [please tick								
any one no	ominee.lf tick not marked								
default wil	I be first nominee]								
* Marked is Mandatory field This nomination shall supersede any prior nomination made by me / us and also any testamentary documentexecuted by me / us.									
			T						
		Sole/ First Holder	Second Holder	Third Holder					
Name		Sole/ First Holder	Second Holder	Third Holder					
Name Signatures				Third Holder					
	Note: One witness sha	all attest signature(s) / Thumb impre	ession(s).						
		all attest signature(s) / Thumb impre	ession(s).	Third Holder ignature of witness					
	Details of the Witnes	all attest signature(s) / Thumb impre	ession(s).						
Signatures Witness (To be filled)	Details of the Witnes Name of witness ed by DP)	all attest signature(s) / Thumb impre	ession(s).						
Signatures Witness (To be filled)	Details of the Witnes Name of witness ed by DP) Form accepted and registered	all attest signature(s) / Thumb impres:- Address of witness	ession(s).	ignature of witness					

Acknowledgement

Application No.:								Date:							
We h	We hereby acknowledge the receipt of your Nomination Form :														
1	2	0	4	2	3	0	0								
Name of the Sole / First Holder															
Name	of Seco	nd Hold	er												
Name	of Thire	d Holder													
		•	•	•	•	•		•					•		•