

### Nomination Form

To,  
**Ficus Securities Private Limited**  
 B-89, Ground Floor, Malviya Nagar,  
 New Delhi-110017  
 Ph: 011-47749300-310- 44 Fax: 011- 47749310

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.  
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

I/We 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 Sole holder or the death of all the Joint Holders.

BO Account Details													
DP ID													Client ID
Name of the Sole / First Holder													
Name of Second Holder													
Name of Third Holder													

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)			

As the nominee is a minor as on date, I/We appoint following person to act as Guardian:

<b>First Name</b>			
<b>Middle Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	
<b>Country</b>		<b>PIN</b>	
<b>Age</b>			

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole 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 any testamentary document executed by me / us.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

<b>Details of the Witness</b>		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness		

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

For Depository Participant

(Authorised Signatory)

===== (Please Tear here) =====

**Acknowledgement Receipt**

Received nomination form from : DP ID							Client ID						
Name													
Address													
Nomination in favor of													
<u>No Nomination</u>		<input type="checkbox"/> <u>Does not wish to nominate</u>											
Registration No.					Registered on	D	D	M	M	Y	Y	Y	Y