



RUDRA SHARES & STOCK BROKERS LTD.

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED | SEBI REGN. NO. IN-DP-558-2021, DP ID - 12061400

Regd./Corp. Office : Rudra House, 15/63, 2nd Flor, Civil Lines, Kanpur - 208 001 (U.P.)

Ph.: +91-512-6711000 (30 Lines), 3913928 • Fax: +91-512-3913929 • Website: www.rudrashares.com

RUDRA SHARES & STOCK BROKERS LTD.										FORM FOR NOMINATION																			
Regd./Corp. Office : Rudra House, 15/63, 2nd Floor, Civil Lines, Kanpur - 208 001 (U.P.)										(To be filled in by individual applying singly or jointly)																			
Date										UCC/ DP ID	1	2	0	6	1	4	0	0	Client ID										
										UCC Code																			
I/We wish to make a nomination. [As per details given below]																													
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.										Details of 1 st Nominee					Details of 2 nd Nominee					Details of 3 rd Nominee									
1.	Name of the nominee(s) (Mr./Ms.)																												
2.	Share of each Nominee		Equally <small>[If not equally, please specify percentage]</small>																										
										Any odd lot after division shall be transferred to the first nominee mentioned in the form.																			
3.	Relationship With the Applicant (If Any)																												
4.	Address of Nominee(s) City / Place: State & Country:																												
										PIN Code																			
5.	Mobile / Telephone No. of nominee(s)																												
6.	Email ID of nominee(s)																												
7.	Nominee Identification details – <small>[Please tick any one of following and provide details of same]</small> <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																												
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																													
8.	Date of Birth {in case of minor nominee(s)}																												
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																												
10.	Address of Guardian(s) City / Place: State & Country:																												
										PIN Code																			
11.	Mobile / Telephone no. of Guardian																												
12.	Email ID of Guardian																												
13.	Relationship of Guardian with nominee																												
14.	Guardian Identification details – <small>[Please tick any one of following and provide details of same]</small> <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																												
Sole / First Holder (Mr./Ms.)										Second Holder (Mr./Ms.)										Third Holder (Mr./Ms.)									
Name(s)																													
Signature(s)																													

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

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- I/we want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows:

Name of nominee(s)




☐

Nomination: Yes / No

☐

- Nominate Account Operator (Optional)

- I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to _____ % of assets in the account / folio or Rs. _____ (Optional) (strike off portions that are not relevant)

	Sole / First Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name(s)			
Signature(s)			

* 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)

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To	Date	D	D	M	M	Y	Y	Y	Y
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UCC/DP ID	1	2	0	6	1	4	0	0	
Client ID (only for Demat account)									
UCC Code									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.									
	Sole / First Holder (Mr./Ms.)			Second Holder (Mr./Ms.)			Third Holder (Mr./Ms.)		
Name(s)									
Signature(s)									

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