

# Nomination Form

**To,**  
**Motilal Oswal Securities Limited**  
Palm Spring Centre, 2<sup>nd</sup> Floor,  
Palm Court Complex, New Link Road,  
Malad – West, Mumbai – 400 064



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.										
PAN											UID										
E-mail ID																					
Relationship with BO (If any)																					
Date of birth (If nominee is minor)																					

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

As the nominee is a minor as on date, I/we appoint following person to act as <b>Guardian</b> :									
Full name (First, Middle & Last)									
Address									
City		State							
Country		PIN							
Age									

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 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).

Note: Two witnesses shall attest signatory(s) & thumb impression(s).		
Details of the Witness		
	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)**