Nomination Form

To, Axiom Share Broking Pvt.Ltd 1305-A, "A" Wing, Marathon Futurex, N.M. Joshi Marg, Lower Parel Mumbai-400013

Dear Sir/ Madam,

I/We hereby confirm that I/We do not wish to appoint any nominee in my 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 / ourv demat account, which may also include documents issued by Court or other such competent authority, based
on the value of assets held in the demat account.

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

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination.

I/We nominate the following person/s who is entitled to receive all Assets / security balances lying in my/our
 account, particulars whereof are given below, in the event of the death of te Sole holder or the death of all the
Joint Holders.

BO Account Details																	
DP ID									Client ID								1
Name of the Sole / I	Holde	er															
Name of Second Ho																	
Name of Third Holder																	

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name			
*Percentage of allocation of securities:			
Equally [If not equally, please specify percentage]	%	%	%
Or			
l			
Share of each Nominee			

Any odd lot after division sha	ll be transferred to the first nominee m	nentioned in the form	
Nomination			
Identification Details –	Nominee 1	Nominee 2	Nominee 3
[Please tick any one			
of following and			
provide details of			
same]			
- Dhotograph 9			
□ Photograph &			
Signature PAN			
□ Aadhaar			
Saving Bank			
account no.			
□ Proof of Identity			
 Demat Account ID 			
[Optional Fields]			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Mobile no. /			
Telephone No:			
[Optional Fields]			
Email ID:			
[Optional Fields]			
Fax No:			
[Optional Fields]			
*Relationship with the			
BO:			
To be filled only if nomi	nee(s) is a minor:		
Date of birth			
(mandatory if			
Nominee is a minor):			
Name of the Guardian			
of Nominee (if the			
nominee is minor):			
*First Name:			
Middle Name:			
*Last Name			
Last Indille			
*Address of the			
Guardian of nominee:			
Guardian di nonnice.			

*City:			
*State:			
*Country:			
*Pin:			
Age			
Mobile /Telephone			
no.:	ļ		
[Optional Fields]	ļ		
Email ID:	ļ		
[Optional Fields]	ļ		
Fax No:	ļ		
[Optional Fields]	ļ		
*Relationship of the	ļ		
Guardian with the Nominee:	ļ		
Nominee.			
Guardian Identification			
details – [Please tick any	!		
one of following and	ļ		
provide details of same]	!		
□ Photograph &	ļ		
Signature	ļ		
□ PAN □ Aadhaar	!		
Saving Bank account no.	ļ		
Proof of Identity			
□ Demat Account ID	ļ		
[Optional Fields]			
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Note: Residual securities: incase of multiple nominees, remaining after distribution of securities as per percentage of allocation. shall be transferred to the first nominee.

* Marked is Mandatory field

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination.

Details of the Witness									
	Witness Details								
Names of Witness									
Address of Witness									
Signature of Witness									

This nomination shall supersede any prior nomination made by the account holder(s), if any.																				
Place:	Place: Date:																			
		Fir	st/So	ole Ho	older	•			Seco	nd Hold	er				Thi	ird H	lolde	er		
Name																				
Signature																				
The Depository Par	ticipan	t shall	provid	e ackn	owled	dgem	nent o	f the 1	nomina	tion form	to the	accou	nt hol	der(s)					
(To be filled by	DP)																			
Nomination Form	accep	ted an	d regi	stered	d wid	e Re	gistra	ation	No					date	d					
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																		y Par ed Sig		
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Received nominat	tion fr	om :			,	ACK	NOW	leuy	emen	t Receip)t									
DP ID										Client I	D									
Name Address																				
Address																				
Nomination in favor First - Nomine																				
Second - Nomin																				
Third - Nomin	ee																			
No Nomination			Пν	Vould	like t	to op	t out	nom	inatio	<u>n.</u>										
Registration No.										Registe	red or	1	D	D	М	М	Υ	Υ	Υ	Υ

Depository Participant Seal and Signature