

To, **Hem Securities Ltd.**
203/215, Jaipur Tower, M. I. Road, Jaipur

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 all the Joint Holders.

BO Account Details

DP ID	1	2	0	1	7	7	0	1	Client ID				
Name of the Sole / First Holder													
Name of Second Holder													
Name of Third Holder													

Nomination Details		Nominee 1	Nominee 2	Nominee 3
Nominee Name :				
*First Name:		.....	.....	.....
Middle Name:		.....	.....	.....
* Last Name		.....	.....	.....
Nomination Details		Nominee 1	Nominee 2	Nominee 3
*Address :				
*City:				
*State				
*Country				
Telephone No.				
FAX No.				
PAN No.				
UID				
Email ID				
*Relationship with the BO				
Date of birth (mandatory if Nominee is minor) dd-mm-yyyy				
Name of the Guardian of Nominee (if nominee is a minor)				
*First Name:/ Middle Name:		.....	.....	.....
* Last Name		.....	.....	.....
*Address of the guardian of nominee				
*City:				
*State				
*Country				
PIN				
Age				
Telephone				
Fax				
Email ID				
*Relationship of the Guardian with the nominee				
Percentage of allocation of securities				
* Residual Securities				
(please tick any one nominee. if tick not marked the default will be first nominee)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This nomination shall supersede any prior nomination made by me/ us and also testamentary document executed by me/us.

Place : _____

Date : _____

Name	First / Sole Holder	Second Holder	Third Holder
Signature	<input checked="" type="checkbox"/>		

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

Details of the Witness	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

(To be filled by DP

Nomination Form accepted and requested wide Registration No. _____ Dated _____ For Hem Securities Ltd. (Authorised Signatory)

----- (Please tear here) -----

Received nomination request from : **Acknowledgment Receipt**

DP ID	1	2	0	1	7	7	0	1	Client ID				
Name													
Address													
Nomination in favor of													
First - Nominee													
Second - Nominee													
Third - Nominee													
<input type="checkbox"/> Does not wish to nominate													
Registration No. _____ Registered on _____													

Depository Participant Seal & Signature