

NOMINATION FORM

To,
Raghuandan Capital (P) Ltd.
 Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009
 Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Dear Sir/Madam,

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

BO ACCOUNT DETAILS												
DP ID	1	2	0	6	9	7	0	0	Client ID			
Name of the Sole / First Holder												
Name of the Second Holder												
Name of the Third Holder												
NOMINATION DETAILS	NOMINEE 1			NOMINEE 2			NOMINEE 3					
Nominee Name												
First Name*	_____			_____			_____					
Middle Name	_____			_____			_____					
Last Name*	_____			_____			_____					
Address*												
City*												
State*												
PIN*												
Country*												
Telephone No.												
Fax No.												
PAN No.												
UID												
Email ID												
Relationship with the BO*												
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*	_____			_____			_____					
Address of the Guardian of nominee*												
City*												
State*												
PIN*												
Country*												

Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

***Marked is Mandatory field**

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

Place : _____

Date : _____

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature			

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness		
Name of Witness	Address of Witness	Signature of Witness

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ Dated _____.

For RAGHUNANDAN CAPITAL PVT. LTD.

(Authorised Signatory)

(Please Tear Here)

ACKNOWLEDGEMENT RECEIPT

Received Nomination From :

DP ID	1	2	0	6	9	7	0	0	Client ID										
Name																			
Address																			
Nomination in favor of First Nominee																			
Second Nominee																			
Third Nominee																			
No Nomination	<input type="checkbox"/> Does not wish to nominate																		
Registration No.											Registration on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature