## **Nomination Form**

RIKHAV SECURITIES LIMITED 35/36, MATRU CHHAYA, S.N. ROAD,						FORM FOR NOMINATION																									
ML ML	JLUND WI JMBAI-400 EL.: 022-69	0800	351/ 3	352					(To be filled in by individual applying singly or jointly)																						
Da	ate	D	D	M	M	Υ	Υ		Υ	Υ	UCC/	DP ID	I		N							Client ID				T					
I/We wish to make a nomination. [ As per details given below ]																															
N.	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 even of my / our death.																														
Nomination can be made upto three nominees in the account.					Details of 1 <sup>st</sup> Nominee					Details of 2 <sup>nd</sup> Nominee					С	Details of 3 <sup>rd</sup> Nominee															
1	Name o	of th	e no	mine	∍e(s)	) (Mr	·./Ms	.}																							
2	Share each	ch '			quall	-			% %								%														
	Nominee			[If not equally, please specify percentage]			ŀ	Any odd lot after division shall be transferred to the first nominee mentioned in the form.																							
3	Relationship With the Applicant ( If Any)				t																										
4	4 Address of Nominee(s)  City / Place: State & Country:																														
					PIN	l Coc	de																								
5	5 Mobile / Telephone No. of nominee(s)				F																										
6	Email ID of nominee(s)																														
7	7 Nominee Identification details_ [Please tick any one of following and provide details of same]																														
Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID																															
Sr. N	Sr. Nos. 8 -14 should be filled only if nominee(s) is a minor:																														
8	8 Date of Birth {in case of minor nominee(s)}				r																										
9	Name case o																														
10	Addre	ess (	of G	uardi	an(s	 3)										Ī															

	City / Place: State & Country	:					
		PIN Code					
11 Mobile / Telephone no. of Guardian							
12	Email ID of Gua	ardian					
13	Relationship of nominee	f Guardian with					
14	Guardian Identiful [Please tick any and provide det	one of following					
	Photograph & PAN Aadha account no. P Demat Accou	aar Saving Bank roof of Identity					
			Name(s) of h	Signature(s) of holder*			
Sole / First Holder (Mr./Ms.)							
Se	econd Holder (Mr.	/Ms.)					
Tł	nird Holder (Mr./M	s.)					
* ~.							

## 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)

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

## **Declaration Form for opting out of nomination**

To RIKHAV SECURITIES LIMITED	Date		)	D	M	M	Υ	Υ	Υ	Υ
35/36, MATRU CHHAYA, S.N. ROAD, MULUND WEST, MUMBAI-400080 TEL.: 022-69077351/ 352										
UCC/DP ID										
Client ID (only for Demat account)										
Sole/First Holder Name				•			•	•		
Second Holder Name										
Third Holder Name										
I / We hereby confirm that I / We do not account and understand the issues invo				•		` '	•			•
that in case of death of all the account requisite documents / information for control which may also include documents issurvalue of assets held in the trading / dem	laiming ued by Chat acco	of ass Court ount.	sets or o	s held other	d in m	y / ou	r tradi	ing /	dema	t account,
Name an	d Signa	ature	of	Hold	er(s)*					
12						3				

<sup>\*</sup> Signature ofwitness, along with name and address are required, if the account holder affixes thumb impression, instead of signature