

# NOMINATION DETAILS

To,  
**WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED**  
 A-1101 Mondeal Heights, Besides Novotel Hotel,  
 S G Highway, Ahmedabad-380015. Gujarat.

Date:    /    /
UCC :
Client ID :

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We **nominate** the following person/s who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death

## BO Account Details

DP ID	1	2	0	8	5	5	0	0	Client ID						
Name of the Sole / First Holder															
Name of Second Holder															
Name of Third Holder															

Nomination Details	Nominee 1	Nominee 2	Nominee 3
<b>Nominee Name :</b>			
<b>*First Name:</b>			
<b>Middle Name:</b>			
<b>*Last Name</b>			
<b>*Percentage of allocation of securities</b> <input type="checkbox"/> Equally [If not equally, please specify percentage]	%	%	%
<b>Or</b> <input type="checkbox"/> Share of each Nominee			

**\*Any odd lot after division shall be transferred to the first nominee mentioned in the form**

<b>Nomination Identification details</b> Please tick any one of following and provide details of same Optional Fields			
Photograph & Signature			
*PAN			
* Aadhar			
Saving Bank A/c no.			
Proof of Identity			
Demat Account ID			
Email ID:			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Mobile no / Telephone No:			
Fax No:			
*Relationship with the BO:			



NOM F

**To be filled only if nominee(s) is a minor:**

Date of birth (mandatory if Nominee is a minor): dd-mm-yyyy			
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:			
*Country:			
*Pin:			
Age			
Mobile no / Telephone No:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
<b>Guardian Identification details</b> <b>Please tick any one of following and provide details of same</b> <b>Optional Fields</b>			
Photograph & Signature			
*PAN			
* Aadhar			
Saving Bank A/c no.			
Demat Account ID			

Note: Residual securities: in case 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 /negative nomination

Place: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

