



NOMINATION FOR TRADING AND DEMAT ACCOUNT

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|---|---|---|--|---|--|--|--|------------------------------------|--|---|--|-------|---|------------------------------------|--|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|--|--|
| To InCred Capital Wealth Portfolio Managers Pvt Ltd 3rd Floor, B Wing, Kaledonia Building, Sahar Road, Andheri (E), Mumbai-400069 | | FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UCC | | | | | | | | | | | | DP ID | 1 | 2 | 0 | 9 | 1 | 0 | 0 | 0 | Client ID | | | | | | | | | | |
| <input type="checkbox"/> I/We wish to make a nomination. [As per details given below] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 event of my / our death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nomination can be made upto three nominees in the account. | | Details of 1 st Nominee | | | | | | Details of 2 nd Nominee | | | | | | Details of 3 rd Nominee | | | | | | | | | | | | | | | | | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Share of each Nominee | Equally [If not equally, please specify percentage] | | % | | | | | | % | | | | | | % | | | | | | | | | | | | | | | |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Relationship with the Applicant (If Any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Address of Nominee(s) City / Place: State & Country: | | <input type="checkbox"/> Same as First Holder's Address _____ _____ _____ | | | | | | <input type="checkbox"/> Same as First Holder's Address _____ _____ _____ | | | | | | <input type="checkbox"/> Same as First Holder's Address _____ _____ _____ | | | | | | | | | | | | | | | | |
| | PIN Code | | □□□□□□ | | | | | | □□□□□□ | | | | | | □□□□□□ | | | | | | | | | | | | | | | | |
| 5 | Mobile / Telephone No. of nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Email ID of nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Nominee Identification details – [Please tick any one of following and provide details of same] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. Nos. 8-14 should be filled only if nominee(s) is a minor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Date of Birth {in case of minor nominee(s)} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Name of Guardian (Mr./Ms.) {in case of minor nominee(s)} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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|----|---|--|--|--|--|
| 10 | Address of Guardian(s) | | | | |
| | City / Place: State & Country: | | | | |
| | PIN Code | | | | |
| 11 | Mobile / Telephone no of Guardian | | | | |
| 12 | Email ID of Guardian | | | | |
| 13 | Relationship of Guardian with nominee | | | | |
| 14 | Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | |

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

| CANCELLATION OF NOMINATION/DECLARATION FORM FOR OPTING OUT OF NOMINATION | |
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| <input type="checkbox"/> I/WE DO NOT WISH TO APPOINT ANY NOMINEE(S) IN MY/OUR TRADING/DEMAT ACCOUNT 1/ We hereby confirm that I / We do not wish to appoint any nominee(s) in my/our trading / 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/our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account. | |

| | | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|-------|--|
| Date | D | D | M | M | Y | Y | Y | Y | Place | |
| | First/Sole Holder | | | Second Holder | | | Third Holder | | | |
| Name | | | | | | | | | | |
| Signature |  | | |  | | |  | | | |

Note: One witness shall attest signature/ Thumb impression.

| | Name of Witness | Address | Signature of Witness |
|---|-----------------|---------|---|
| 1 | | |  |
| 2 | | |  |

(To be filled by DP)

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

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For Depository Participant
(Authorised Signatory)