

Nomination Form



**HORIZON FINANCIAL
CONSULTANTS PVT. LTD.**

Nomination Details							
Nomination Registration No.	Dated <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y						
I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:							
<input type="checkbox"/> <u>I/We do not wish to nominate any one for this demat account.</u>							
<input type="checkbox"/> 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 my / our death.							
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							
UID							
Email ID							

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Relationship with the BO			
Date of birth (dd-mm-yyyy) (mandatory if Nominee is a minor)			
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 No.			
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"/>
<p>Note : Residual securities : in case 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.</p> <p>* Marked is Mandatory field</p> <p>This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.</p>			

Note : One witness shall attest signature(s) / thumb impression(s)	
Details of the Witness	
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	Name	Signatures
First / Sole Holder or Guardian (in case of Minor)		✓
Second Holder		✓
Third Holder		✓

(Signatures should be preferably in black ink).

FOR OFFICE USE :

INTRODUCED BY _____

REFERRED BY _____