Nomination Form

To
MF Global Sify Securities India Pvt. Ltd.
No.1, 2nd Floor, C Block 101, K.K. Marg,
Modern Centre, Mahalaxmi, Mumbai-400 011
Tel: 23002999, Fax: 23002969

Photograph of Nominee Signature of Nominee across **Photograph**	Photograph of Guardian (In case of minor) Signature of Guardian across photograph

Dear Sir/ Madam,

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

☐ I/We do not wish to nominate any one for this demat account Signature _____ Sole/ first holder _____ Second holder _____ Third holder

☐ I/We nominate the following person who is entitled to receive security balance in lying in my/our account. Particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details

DP ID	1	2	0	3	7	9	0	0	Client ID								

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	
Nominee details	
First Name	
Middle Name	
Last Name	
Address	
City / State / Country / Pin	
Telephone No. / Fax No.	
E-mail ID	
Relationship with BO (if any)	
Date of birth (if nominee is a minor	
As the nominee is a minor as on date, I/We appoint following person to actas guardian :	
First name	
MIddle name	
Last name	
Address	
City / State / Country / Pin	
Age	

to receive the securities/commodities in this account on behalf of the nominee in the event of the earth of the Sole holder/all joint holders.

This nomination is in accordance with the section 109A of the Companies Act, 1956, and shall supersede any prior nomination made by me/us and also any testamentary docum ent executed by me/us

Place:_____ Date:_____

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature			

Note: Two witness shall attest signature (s)/ Thump impression (s).

Detailes of the Witness	First Witness	Second Witness
Name & Address of witness		
Signature of witness		

Nomination accepted and registered vide Registration No_____ dated_____

For MF Global Sify Securities India Pvt. Ltd.

(Authorised Signatory)

Acknowledgement Receipt

(To be filled by the Depository Participant)

We hereby acknowledge the receipt of the Account Opening Application Form from: -

_____ Name of the Sole / First Holder

_____ Name of the Second Holder

_____ Name of the Third Holder

Depository Participant Seal and Signature