Nomination Form

(Mandatory Nomination for Eligible Trading and Demat Accounts)

PSB Securities Ltd AC-Block, No- 102, 2 nd Street, 6 th Main Road, Anna Nagar, Chennai – 600040. Date D D M M Y Y			Y	FORM FOR NOMINATION (To be filled in by individual applying singly or jointly) Y Y UCC/ DP ID 1 2 0 6 5 6 0 0 Client ID 1																		
	/We wish to make a	nomination. [A	As per	details gi	ven belov	v]																
I/	We wish to make a my / our death.	nomination and	l do he	ereby non	ninate the	followir	ng per	son(s)	vho sh	nall	recei	ve all	the a	assets he	eld iı	n my	/ ou	r acc	ount	in th	e ev	/ent
Nomination can be made upto three nominees in the account.			e	Details of 1 st Nominee						Details of 2 nd Nominee						Details of 3 rd Nominee						
1	1 Name of the nominee(s) (Mr./Ms.)																					
2	Share of each Nominee	Equally [If not equally, please specify		% %									%									
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.																			
3	Relationship Wi (If Any)	th the Applica	nt																			
4	Address of Nom City / Place: State & Country:																					
		PIN Code	:																			
5	Mobile / Telepho nominee(s)	one No. of																				
6	6 Email ID of nominee(s)																					
7	7 Nominee Identification details – [Please tick any one of following and provide details of same]																					
	Photograph & Signature Aadhaar Saving Bank account no.																					
Sr. N	los. 8-14 should be	filled only if n	omin	ee(s) is a	minor:																	
8	8 Date of Birth {in case of minor nominee(s)}																					
9	9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																					
10 Address of Guardian(s)				_	_	_				_	_		_	_	ſ	_	_	_	_	_	_	

	City / Place: State & Country:							
		PIN Code						
11	Mobile / Telepho Guardian	ne no. of						
12	Email ID of Gua	rdian						
13	Relationship of (nominee	Juardian with						
14	Guardian Identia [Please tick any of and provide detail	one of following						
	account no. Pro	of of Identity						
			Name(s) of ho	lder(s)	Signature(s) of holder*			
Sole	e / First Holder (Mr	./Ms.)						
Second Holder (Mr./Ms.)								
Tł	nird Holder (Mr./Ms	s.)						

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

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)