

DATE: _

DD/MM/YYYY

NOMINATION FORM / CANCELLATION OF NOMINATION

FOR NERL CLIENTS (Please fill in Block Letters Only)

Photograph

Please affix
Nominee recent
passport size
photograph and
sign across it

Date:		sign across it
Repository Participant (RP) Name:		
Dear Sir/ Madam,		
I the sole holder hereby declare that [Strike out wh	t is not applicable.]	
I wish to cancel the nomination made by me earlier and conse by me in the said account shall vest with me. [Strike off the no		spect of beneficiary ownership in the commodities held
I nominate the following person, who is entitled to receive com	nodity balances lying in my accoun	nt, in the event of the death of the Sole holder.
RP ID	Client ID	
Name of Sole Holder		
	Nominee details	
Mr./Mrs./Ms		
First	Middle	Last
Permanent Address:		
City:		
Pin code:	District:	
Mobile No:	Email id:	
Telephone No:	PAN No:	
Relationship with BO (If any):		Date of Birth:
	PLACE:	
Signature of Nominee	DATE:	Signature of Client (As per ID / Address proof)
Details of the Witness:		
Name of the Witness Add	ess	Signature of witness
Note: Client hereby confirms to comply with facility.	the norms prescribed by	y Authority and / or NERL w.r.t. Nomination
	(To be filled by RP)	
Nomination Form accepted by		
EMPLOYEE NAME:		
EMPLOYEE CODE:		
DESIGNATION:		Signature
		<u> </u>



PLEASE TEAR HERE

ACKNOWLEDGEMENT RECEIPT						
APPLICATION NO.						
We hereby acknowledge the receipt of Nomination form from:						
CLIENT NAME:	FIRST	MIDDLE		LAST		
BENEFICIARY ID:						
EMPLOYEE NAME:						
EMPLOYEE CODE:				Signature		
DESIGNATION:						
DATE:			F	RP Stamp with Time		