**Nomination Form**

**Photograph**

**Please affix your recent passport size photograph and sign across it**

**ONLY FOR NERL CLIENTS**

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| **Repository /Comtrack Participant Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| **Dear Sir/ Madam,** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| We do not wish to nominate any one for this account. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| We nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the death of the Sole holder or the death of all the Joint holders. |  |  |
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**[Strike out what is not applicable.]**

**[Signatures of all account holders should be obtained on this form].**

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| **RP / CP I D** |  |  |  |  |  |  |  |  |  |  | **Client ID** |  |  |  |  |  |  |  |  |  |  |

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| **Name of First / Sole Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Second Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Third Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Nominee details:**

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| **First Name** |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Last Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Telephone No.** |   |  |  |  |  |  |  |  |  |  | **Fax No.** |   |  |  |  |  |  |  |  |  |  |
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| **E-mail ID** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Relationship with BO (If any)** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date of Birth**  |   |  |  |  |  |  |  |  |  | **Signature of Nominee** |

**As the nominee is a minor as on date, I/We appoint following person to act as Guardian:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **First Name** |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Last Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **City** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Telephone No.** |   |  |  |  |  |  |  |  |  |  | **Fax No.** |   |  |  |  |  |  |  |  |  |  |
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| **Relationship with BO (If any)** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**To receive the commodities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.**

**Photograph**

**Please affix your recent passport size photograph and sign across it**

|  |
| --- |
|  |
| **Signature of Guardian** |

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

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| **Place** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date** |  |  |  |  |  |  |  |  |

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| **Name** | **First Authorized Signatory** | **Second Authorized Signatory** | **Third Authorized Signatory** |
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| **Specimen** **Signature** |   |   |   |

**Note: Two witnesses shall attest signature(s) / Thumb impression(s).**

**Details of the Witness:**

|  |  |  |
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| **Name** | **Witness 1** | **Witness 2** |
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| **Signature** |  |  |

**(To be filled by RP)**

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| **Nomination Form accepted and registered wide Registration No** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Please tear here**

**Acknowledgement Receipt**

**Received nomination form:**

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| **Application No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date** |  |  |  |  |  |  |  |  |

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| **Name of First / Sole Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Second joint Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Third joint Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nomination in favor of** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **No Nomination Does not wish to nominate**

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|  **Date** |  |  |  |  |  |  |  |  |  |  |

**Signature**

**Repository / Comtrack Participants Seal**