ASHIKA STOCK BROKING LIMITED

Depository Participant of Central Depository Services (I) Ltd.

Corporate Office : 1008, 10th Fl., Raheja Centre, 214, Nariman Point Mumbai-400021 • Ph. : (022) 6611-1700 • Fax : (022) 6611-1710

Head Office : Trinity, 226/1, A.J.C. Bose Road, 7th Floor, Kolkata-700020 Ph. : 2283-9952 • Fax : 2289-1555 • E-Mail : dpservices@ashikagroup.com

DP ID No. 12034500, SEBI Regn. No. : IN-DP-CDSL-250-2004

NOMINATION FORM

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 (Strike out what is not applicable) (Signatures of all account holders should be obtained on this form)

☐ I/We nominate the following person who is entitled to receive security balances 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	4	5	0	0	Client ID									
Name of the Sole / First Holder																		
Name of the Second Holder																		
Name of the Third Holder																		

Photograph of Nominee		Photograph of Guardian
Passport size Photograph (Please Sign across the Photograph)		(In case of Nominee is minor) Passport size Photograph (Please Sign across the Photograph)

NOMINEE DETAILS

Nominee Name															
Address															
City / State / Country				PIN Code											
Telephone Number		Fax Number													
Mobile		PAN													
Relation with BO (if any)		Date of Birth (if nominee is minor)	D	D	M	M	Y	Y	Y	Y					

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

Guardian's Name															
Address															
City / State / Country				PIN Code											
Mobile		Age of the Guardian													

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole Holder / all Joint Holders. This nomination shall supersede any prior nomination made by me/ us and also any testamentary document executed by me/us.

Place		Date	D	D	M	M	Y	Y	Y	Y

(To be signed by the applicant(s) only in the case of nomination)

Sole / First Holder	Second Holder	Third Holder

Two witnesses shall attest signature(s) / Thumb impression(s)

Details of witness	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

To be filled by DP	Nomination accepted and registered vide Registration No.		Date	D	D	M	M	Y	Y	Y	Y

ACKNOWLEDGEMENT RECEIPT

Received nomination request from :

DP ID	1	2	0	3	4	5	0	0	Client ID									
Name																		
Address																		
Nomination in favour of																		
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y	