BO Account Nomination Form

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02.

Application No…….. Date *(DDMMYYYY)*.....

Name of CDBL Participant (Up to 99 Characters)

CDBL Participant ID

……

Account holder's BO ID

Name of Account Holder **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

I / We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event of the death of the sole holder / all the joint holders.

1. Nominee / Heirs Details

Nominee 1

Name in Full

……

Short Name of Nominee **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. / Mrs.*

Relationship with A/C Holder:..... ..... Percentage (%) .....

Address

……

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... Issue Place..... Issue Date..... Expiry Date.....

Residency: Resident ☐ Non Resident ☐ Nationality..... ..... Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full

……

Short Name **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

Relationship with Nominee .....Date of Birth of Minor *(DDMMYYYY)* ..... Maturity Date of Minor*(DDMMYYYY)*.....

Address

……

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... Issue Place..... Issue Date..... Expiry Date.....

Residency: Resident ☐ Non Resident ☐ Nationality..... ..... Date Of Birth (DDMMYYYY)

Nominee 2
Name in Full
……

Short Name of Nominee **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. / Mrs.*

Relationship with A/C Holder:…… …….. Percentage (%) ……..

Address
……

City…… Post Code…… State / Division …… Country…… Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)
Name in Full
……

Short Name **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

Relationship with Nominee ……Date of Birth of Minor *(DDMMYYYY)* …… Maturity Date of Minor*(DDMMYYYY)*……

Address
……

City…… Post Code…… State / Division …… Country…… Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

2. Photograph of Nominees / Heirs

Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
Nominee / Heir 1	Nominee / Heir 2	Guardian 1	Guardian 2

	Name	Signature
Nominee / Heir 1		
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		