

## NOMINATION FORM

- 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/s 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	4	7	5	0	0	Client ID	0	0	0			
Name of the Sole / First Holder															
Name of Second Holder															
Name of Third Holder															

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name:			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:			
* Middle Name:			
*Last Name:			

*Address of the Guardian of nominee:			
*City:			
*State:			

*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

**\* Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature		☞	☞

**Note:** One witness shall attest signature/ Thumb impression.

Details of the Witness	
	<b>First Witness</b>
Names of Witness	
Address of Witness	
Signature of Witness	

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

For Depository  
Participant  
(Authorised  
Signatory)

## DECLARATION-ONLY NRIs

In continuation to the terms and conditions for opening of trading account and accepting rights and obligations I/we hereby declare and undertake that:

1. I/We are making investment in securities/shares through member broker;
2. I/We have one Bank Account and Demat Account for the above investments. The details of the same are provided in Trading account related details.

I/We are aware of the rules and regulations of the NRI investments in India, Anti-money laundering rules and regulations and keep myself updated from time to time. I/We hereby declare that I/We have complied with and will continue to comply with FEMA regulation or other applicable laws, regulations of RBI, SEBI or any other statutory Authority from time to time.

Income tax or other tax liability is our responsibility and the same will be borne by and paid by me. I hereby acknowledge that I have received and understood this authorization to maintain the account.

I/We \_\_\_\_\_ have requested to open the Demat a/c with you. I/We have given following address in the a/c opening document which is on the basis of my P.O. Box no. My/us complete address as on date is as follows:

<b>Foreign Address</b>			
City		State	
Country		PIN code	
Telephone No.		FaxNo.	
E-mail ID			

In case any changes in my/us above mentioned address I/we will intimate to Stockal Securities Pvt. Ltd.


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## DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ We are aware that I/We may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the Stock Broker and the Tariff Sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Stock Broker's designated website, if any.
4. I/ We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/ We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me/ us in this form. I/We further agree that any false / misleading information given by me/ us or suppression of any material information will render my/ our account liable for termination and suitable action.

1ST HOLDER

2ND HOLDER

3RD HOLDER


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Place: \_\_\_\_\_ Date: \_\_\_\_\_

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/ CRS

<b>PAN*</b>	
<b>Name</b>	<b>Place of Birth</b>
<b>Country of Birth</b>	

Guidance)

Gross Annual Income Details in INR	Below 1 Lakh <input type="checkbox"/>	5 - 10 Lacs <input type="checkbox"/>	25 Lacs - 1 Crore <input type="checkbox"/>	Net Worth in INR. in Lakhs Net Worth as on <u>DD / MM / Y</u> <u>YYY</u>
	1 - 5 Lacs <input type="checkbox"/>	10 - 25 Lacs <input type="checkbox"/>	> 1 Crore <input type="checkbox"/>	

Occupation Details	Business <input type="checkbox"/>	Professional <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Housewife <input type="checkbox"/>	Retired <input type="checkbox"/>	Others [Please specify]
	Private Sector <input type="checkbox"/>	Government Service <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Student <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	

Politically Exposed Person [PEP]	Yes <input type="checkbox"/>	Related to PEP <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Are you a tax resident of any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)

# To also include USA, where the individual is a citizen / green card holder of The USA

% In case Tax Identification Number is not available, kindly provide its functional equivalent.

### Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We understand that the information is required under Rules 114F to 114H of The Central Board of Direct Taxes as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation. In relevant cases, information will have to be reported to tax authorities/ appointed agencies.

Should there be any change in any information provided to you, I/We would inform you promptly,

i.e., within 30 days.

Signature

