Nomination Form

ISS ENTERPRISE LIMITED FOR NOMINATION																									
					FORM FOR NOMINATION																				
Registered & Corporate Office International Infotech Park, Tower No. 7, 5th Floor, Sector- 30, Vashi, Navi Mumbai-400 703 Tel: (022) 61829500; E-mail ID: dp@iseindia.com						(To be filled in by individual applying singly or jointly)																			
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Date D D M M Y Y						Y	UCC/	DP ID	Ι	N							Client ID								
I/We wish to make a nomination. [As per detail						ils given below]																			
N	omination Det	ails																							
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																									
Nomination can be made upto three nominees in the account.					Details of 1st Nominee					iee	Details of 2 nd Nominee						Details of 3 rd Nominee								
1	1 Name of the nominee(s) (Mr/Ms.)																								
2	Share of each Nominee		Equally							Q	%						%							%	,
		pleas	[If not equally, please specify percentage]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.																					
3 Relationship With the Applicant (If Any)																									
4 Address of Nominee(s)																									
City / Place: State & Country:																									
			PIN	Code	e																				
5 Mobile / Telephone No. of nominee(s)															<u> </u>										
6 Email ID of nominee(s)																									
7 Nominee Identification details – [Please tick any one of following and provide details of same]																									
□ Photograph & Signature □ PAN □ Aadhaar □ Saving Bank account no. □ Proof of Identity □ Demat Account ID																									
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																									
8 Date of Birth {in case of minor nominee(s)}																									
9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																									
10 Address of Guardian(s)																									

	City / Place: State & Country:									
	PIN Code									
11	Mobile / Telephone no. of Guardian									
12	Email ID of Guardian									
13	Relationship of Guardian with nominee									
14	Guardian Identification details – [Please tick any one of following and provide details of same] □ Photograph & Signature □ PAN □ Aadhaar Saving Bank account no. □ Proof of Identity □ Demat Account ID									
	a dominant de la companya de la comp	Details of the Witn	iess	Witness Details						
Name o	f Witness									
Addres	s of Witness									
	ure of Witness*									
* Signa signatu	ture of witness, along with nam re	e and address ar	re required, if the	e account holde	r affixes thur	mb impression	, instead of			
		Name(s) of holder	r(s)			Signature(s)	of holder			
Sole / Fin	rst Holder (Mr./Ms.)									
Second	l Holder (Mr./Ms.)									
Third H	Holder (Mr./Ms.)									
The	e: s nomination shall supersede an Depository Participant shall prov ptional Fields (Information requi	ide acknowledger	ment of the nomin	ation form to the	e account hold	der(s)				
Name and Signature of Holder(s)*										
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