## **Nomination Form**

100 5	OO ENTERDRICE LIMITER																									
ISS ENTERPRISE LIMITED Corporate Office: 6thFloor, 601,Dakshna							FORM FOR NOMINATION																			
Building, Next to Raigad Bhavan, Sector-								(To be filled in by individual applying singly or jointly)																		
11,CBD-Belapur,Navi Mumbai – 400614 Tel : (022) 61829500, Fax : (022) 61829503																										
Registered Office : International																										
Infotech Park, Tower No. 7, 5th Floor, Sector-30, Vashi, Navi																										
	ai-400 7																									
67941	100 ;Inve	estor gr																								
mail : i	g@iseind	ia.com																								
Date D D M M Y Y					Y	UCC/	DP ID	I	N							Client ID										
				,																						
I/We wish to make a nomination. [As per deta  Nomination Details			tails give	iils given below]																						
N	ominatioi	n Detai	IS																							
	We wish to my/our o		a nomi	inati	on an	d do here	by nomii	nate the f	ollowin	ng pe	rson(s	) who	shall	l rece	eive a	all the	e as	sets held ii	n my	y/our	acco	ount	in the	e ever	nt	
	mination minees in			e up	to thi	ree		Details of 1st Nominee				1ee	Details of 2 <sup>nd</sup> Nominee						Details of 3 <sup>rd</sup> Nominee							
1	Name o	of the n	omine	e(s) (	(Mr./	Ms.)																				
2	Share Equally						% %									%										
	f each Nomine	ee	plea	not eq se spe entage			Ai	Any odd lot after division shall be transferred to the first nominee 1								nentioned in the form.										
3	Relation If Any	onship With the Applicant (																								
4	4 Address of Nominee(s)																									
	City / Place: State & Country:																									
				PIN	l Cod	e																				
5	5 Mobile / Telephone No. of nominee(s)																									
6	Email ID of nominee(s)																									
7	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:																										
<u> </u>				., 1.5 4 111																						
8	8 Date of Birth {in case of minor nominee(s)}																									
9	9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																									
10	10 Address of Guardian(s)									_									_							

	City / Place: State & Country:						
		PIN Code					
11	Mobile / Tele Guardian	ephone no. of					
12	Email ID of Guar	rdian					
13	Relationship of nominee	Guardian with					
14	Guardian Identif [Please tick any and provide detail	one of following					
	☐ Photograph & S ☐ PAN ☐ Aa Bank account no Identity ☐ Demat Account	dhaar Saving o. □ Proof of					
			Name(s) of ho	lder(s)	Signature(s) of holder*		
Solo	e / First Holder (Mr.	/Ms.)					
Se	cond Holder (Mr./M	Is.)					
Th	ird Holder (Mr./Ms.	.)					

## Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

 $The \ Trading \ Member \ / \ Depository \ Participant \ shall \ provide \ acknowledgement \ of \ the \ nomination \ form \ to \ the \ account \ holder(s)$ 

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

## **Declaration Form for opting out of nomination**

То	Date		D	D	M	M	Υ	Υ	Υ	Υ		
ISS ENTERPRISE LIMITED Corporate Office: 6hFloor, 601,Dakshna Building,Next to Raigad Bhavan,Sector-11,CBD-Belapur,Navi Mumbai – 400614 Tel: (022) 61829500, Fax: (022) 61829503 Registered Office: International Infotech Park, Tower No. 7, 5h Floor, Sector-30, Vashi, Navi Mumbai-400 703 Tel: (022) 67941100; Investor grievance e-mail: ig@iseindia.com												
UCC/DP ID	1	Ν										
Client ID (only for Demat account)												
Sole/First Holder Name												
Second Holder Name												
Third Holder Name												
I / We hereby confirm that I / We do not w	/ish	to appo	oint ar	ny non	ninee	(s) in m	y / our	tradir	ng / c	lemat		
account and understand the issues involved	d in	non-ap	pointr	nent d	of nor	minee(s)	and f	urther	are a	aware		
that in case of death of all the account ho	lder	(s), my	/ our	· legal	heirs	would	need t	o sub	mit a	II the		
requisite documents / information for clai	ming	g of ass	sets h	eld in	my /	our tra	ding /	dema	t acc	ount,		
which may also include documents issued	by C	ourt o	r othe	r such	com	petent a	authori	ty, bas	sed o	n the		
value of assets held in the trading / demat account.												
Name and Signature of Holder(s)*												
1. 2.					3							

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature