

# Nomination Form

To,  
**KOSAMATTAM FINANCE LTD**  
**MKC BLDG, MARKET RD, KOTTAYAM**

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/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														Client ID
Name of the Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

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

<b>*Percentage of allocation of securities:</b>			
<b>*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:</b>	<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	
	First Witness
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)

======(Please Tear here)=====

Acknowledgement Receipt

Received nomination from :

DP ID										Client ID								
Name																		
Address																		
Nomination in favor of First - Nominee																		
Second - Nominee																		
Third - Nominee																		
<u>No Nomination</u>	<input type="checkbox"/> Does not wish to nominate																	
Registration No.											Registered on	D	D	M	M	Y	Y	YY

Depository Participant Seal and Signature