

**NOMINATION FORM**

TO  
KOSAMATTAM FINANCE LTD  
KOSAMATTAM CITY CENTER, KOTTAYAM

I/We **nominate** the following person/s who is entitled to receive all Assets / 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													
1	3	0	7	9	2	0	0						
Name of the Sole / First Holder													
Name of Second Holder													
Name of Third Holder													
Nomination can be made up to three nominees in the account					Nominee 1			Nominee 2			Nominee 3		
1	*Name of the Nominee(s)(Mr./Ms.)												
2	*Percentage Of Allocation Of Securities Equally <input type="checkbox"/> [If not equally, please specify percentage] OR Share of each Nominee <input type="checkbox"/>				%			%			%		
					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) along with City/ Place, State & Country, Pin Code												
5	#Mobile/Telephone No. of Nominee(s)												
6	#Email ID of Nominee(s)												
7	#Nominee Identification details												
PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Photograph and Signature <input type="checkbox"/> Saving Bank account no: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/>					If providing photograph, affix recent photograph and sign in the space provided below.			If providing photograph, affix recent photograph and sign in the space provided below.			If providing photograph, affix recent photograph and sign in the space provided below.		
<b>Should be filled only if nominee(s) is a minor.</b>													
8	*Date of Birth (in case of minor Nominee(s))												
9	*Name of Guardian(s) (Mr./Ms) (In case of minor nominee(s))												
10	*Address of Guardian(s) along with City/Place, State , Country Pin Code												

11	#Mobile/Telephone No. of Guardian(s)			
12	#Email ID of Guardian			
13	*Relationship of Guardian with Nominee			
14	#Guardian Identification details			
	PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Photograph and Signature <input type="checkbox"/> Saving Bank account no: <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/>	If providing photograph, affix recent photograph and sign in the space provided below.	If providing photograph, affix recent photograph and sign in the space provided below.	If providing photograph, affix recent photograph and sign in the space provided below.

	First Holder	Second holder	Third holder
<b>Name</b>			
<b>Signature</b>			

\* Mandatory field

# Optional Field

**Note:**

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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

Witness Details		
Name	Address	Sign

Place:

Date:

**(To be filled by DP)**

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

For Kosamattam Finance Ltd  
(Authorised Signatory)