

Nomination Form

To,

Hedge Equities Ltd., Hedge House, Mamangalam, Cochin - 682 025 Tel.: 0484 - 304 0400
 DP ID : 12057300 SEBI Regn. No : CDSL - IN-DP-CDSL-471-2008
 Email: dp@hedgeequities.com, sini.r@hedgeequities.com

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 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 | 5 | 7 | 3 | 0 | 0 | Client ID | | | | | | | | | | | |
| Name of the Sole / First Holder | | | | | | | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | | | | | | | |

| Nominee details | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|
| First Name | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | |
| Country | | | | | | | | | PIN | | | | | |
| Telephone No. | | | | | | | | | Fax No. | | | | | |
| ₹ PAN | | | | | | | | | ₹ UID | | | | | |
| E-mail ID | | | | | | | | | | | | | | |
| Relationship with BO (If any) | | | | | | | | | | | | | | |
| Date of birth (If nominee is a minor) | | | | | | | | | | | | | | |

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

| | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|
| First name | | | | | | | | | | | | | | |
| Middle name | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | |
| Country | | | | | | | | | PIN | | | | | |
| Age | | | | | | | | | | | | | | |

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint

holders.

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: Two witnesses shall attest signature(s) / Thumb impression(s).

| Details of the Witness | | |
|------------------------|----------------------|-----------------------|
| | First Witness | Second Witness |
| Names of Witness | | |
| Address of witness | | |
| Signature of Witness | | |

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

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

Acknowledgement Receipt

Received nomination form from :

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

Depository Participant Seal and Signature

§ Reference Communiqué no. **CDSL/OPS/DP/POLCY/3804** dated July 13, 2013