

AJCON GLOBAL SERVICES LIMITED 408, A Wing, Express Zone, Near Patesl, Western Express Highway, Malad (East), Mumbai 400063, Maharashtra,

								FORM FOR NOMINATION																												
							(To be filled in by individual applying singly or jointly)																													
Da	te	D	D	N	1 1	М	Υ	Y	Y	Z.	Υ	1	UCC/	DP I	D										C	lient II	D									
I/We wish to make a nomination. [As per details												en b	elou	7]																						
N	ominati	on D	etai	ls																																
	We wish my / oui			a no	mina	itio	n an	d do h	iere	eby	nom	inate	e the	follo	owing	g pei	rso	n(s) v	vho	o sha	ıll re	cei	ve all	l the	ass	ets he	ld i	n my	/ ou	ır a	iccoi	unt i	in th	ie e	ven	t
Nomination can be made upto three nominees in the account.						Details of 1 st Nominee							Details of 2 nd Nominee							Details of 3 rd Nominee																
1	Name of the nominee(s) (Mr./Ms.)																																			
2		Equally												%		%								%												
			[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	4 Address of Nominee(s)														T											_						_				
	City / Place: State & Country:																																			
					P	IN (Cod	e											T																	
5	Mobil nomir			elep	hone	• :	No.	of											T					•												
6	Email	ID o	of no	omin	ee(s))													Ī																	
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. N	Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																																			
8	8 Date of Birth {in case of minor nominee(s)}															T																				
9	Name case o							{in											\dagger																	
10	Addr	ess of	f Gı	ıardi	an(s)													Ť																	



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	City / Place: State & Country:	PIN Code						
		11110000						
11	Mobile / Telo Guardian	ephone no. of						
12	Email ID of Gua	rdian						
13	Relationship of nominee	Guardian with						
14	Guardian Identif [Please tick any of and provide detail	one of following						
	 □ Photograph & S □ PAN □ Aadha account no. □ Pr □ Demat Account 	ar Saving Bank roof of Identity						
			Name(s) of ho	lder(s)	Signature(s) of holder*			
Sol	e / First Holder (Mr	./Ms.)						
Se	cond Holder (Mr./N	Ms.)						
Tł	nird Holder (Mr./Ms	s.)						

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)

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