

**Nomination Form**

To,  
**M/s Lakshmishree Investment & Securities Pvt. Ltd.**  
**2<sup>nd</sup> Floor, 57 Gandhi Nagar**  
**Sigra, Varanasi – 221 010**

PHOTOGRAPH

*Please Sign  
 Across the  
 Photograph*

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 holders should be obtained on this from].
- 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>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>			

**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**

P.T.O.....

Nomination Details	Nominee 1	Nominee 2	Nominee 3
<b>Name of the Guardian of Nominee (if the nominee is minor):</b>			
*First Name:			
Middle Name:			
*First Name:			
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
❖ Relationship of the Guardian with the Nominee:			
❖ Percentage of allocation of securities:			
❖ Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			
Specimen Signature			

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

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 request from :																			
DP ID										Client ID									
Name																			
Address																			
Nomination in favor of First-Nominee																			
Second- Nominee																			
Third - Nominee																			
No Nomination	<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