

BEELINE BROKING LIMITED

B-307, Ganesh Plaza, Beside Navarangpura PO, Navrangpura, Ahmedabad - 380009. Ph.: 079-66637588 E: connect@beelinebroking.com

Nomination Form Add / Change

Dear Sir / Madam,

I / We the sole holder / Joint holders / Guardian (in case of minor) hereby 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 Sde holder or the death of all the Joint Holders.

BO Account Details														
DPID						Qi	ent ID							
Name of the Sole / First Holder	-			- 1									- 1	ı.
Name of Second Holder														
Name of Third Holder														
New Nominee details														
First Name														
Middle Name														
Last Name														
Address														
City							State							
Country							PIN							
Telephone No.							Fax No	-						
E-mail I D														
Relationship with BO (If any)														
Date of birth (If nominee is a minor)														
Rease Fill Existing details of nominee belo	ow:-(if ar	ny)												
Existing Nominee details First Name Middle Name	ow:- (if ar	ny)												
Existing Nominee details First Name	ow:- (if ar	ıy)												
Existing Nominee details First Name Middle Name Last Name Address	ow:- (if ar	ny)					State							
Existing Nominee details First Name Middle Name Last Name Address City	ow:- (if ar	ny)					State							
Existing Nominee details First Name Middle Name Last Name Address City Country	ow:- (if ar	ny)					PIN							
Existing Nominee details First Name Middle Name Last Name Address City Country Telephone No.	ow:- (if ar	ny)						1.						
Existing Nominee details First Name Middle Name Last Name Address City Country Telephone No. Relationship with BO (If any)	ow:- (if ar	ny)					PIN							
Existing Nominee details First Name Middle Name Last Name Address City Country Telephone No. Relationship with BO (If any) Date of birth (If nominee is a minor) for New nominee) As the nominee is a minor			ee, I	1/We	э аррг	oint fol	PI N Fax No		do act	as gu	uardia	n:		
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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 / Date: _ Place: First/Sole Holder Second Holder Third Holder Name Specimen 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 accepted and registered wide Registration No. For Depository Participant (Authorised Signatory) Acknow ledgement Receipt Received nomination request from: DPID **Gient ID** Name Address Nomination in favor of

Depository Participant Seal and Signature

D M M

YYYY

D

Date

Registration No.