

Nomination Form [Annexure A Nomination for Eligible Trading and Demat Accounts]

SKP Securities LTD. (IN302646) Chatterjee International Centre 33A, J.L. Nehru Road, 21st Fl, Kol - 71 SEBI Registration No. INZ000199335								1	FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																					
Date D D M M Y Y						Y	Y	UCC) DP II	I	N	3	0	2	6	4	6	Client ID												
	I/We wish to make a nomination. [As per details given below]																													
	Nomination Details																													
	I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																													
Nomination can be made upto three nominees in the account.								Details of 1 st Nominee							De	ils of		Details of 3 rd Nominee												
1	1 Name of the nominee(s) (Mr./Ms.)							.)																						
2	Share of Equally each						% %									%														
	Nominee [If not equally, please specify percentage]								Any e	odd lot af	ter divis	sion s	hall b	e tro	ansj	ferred	d to	o the j	first n	ominee ment	ion	ned in	the fo	rm.						
3	Relationship With the Applicant (If Any)																													
4	Address of Nominee(s)																													
	City / Place: State & Country:																													
						PIN	C	Code																						
5	5 Mobile / Telephone No. of nominee(s)																													
6	6 Email ID of nominee(s)																													
7	Nominee Identification details – [Please tick any one of following and provide details of same]																													
	Photograph & Signature																													
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)}																													
9	9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																													
10	10 Address of Guardian(s)																													



	City / Place: State & Country:						
		PIN Code					
11	Mobile / Telepho Guardian	one no. of					
12	Email ID of Gua	rdian					
13	Relationship of (nominee	Guardian with					
14	Guardian Identii [Please tick any of and provide detail Account no. Pro	one of following ls of same]					
			Signature(s	s) of holder*			
Sol	le / First Holder	(Mr./Ms.)					
Se	econd Holder (M	Ir./Ms.)					
T	hird Holder (Mr	./Ms.)					

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