

NOMINATION FORM

To,
SPA Securities Limited(DP-ID 12058600)
 25, C-Block, Community Centre,
 Janak Puri, New Delhi – 110058

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**
- I / We **nominate** the following persons who is entitled to receive securities 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.
 [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

BO ACCOUNT DETAIL														
DP ID	1	2	0	5	8	6	0	0	Client ID					
Name of Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

NOMINEE DETAILS															
First Name															
Middle Name															
Last Name															
Address		<input type="checkbox"/> Same as of first Holder													
City				State				PIN							
Country				Phone				Fax No.							
E-Mail ID						Mobile									
Relationship with BO (If any)				Date of Birth (If nominee is minor)											

GUARDIAN DETAILS (As the nominee is a minor as on date, I / We appoint following person to act as Guardian)															
First Name						Middle Name									
Last Name						Age									
Address		<input type="checkbox"/> Same as of first Holder													
City						State		Country				PIN			

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

This nomination is in accordance with the **Section 109 A of the Companies Act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Date		Place	
	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

DETAILS OF WITNESSES		
	First Witness	First Witness
Name of Witness		
Address of Witness		
Signature of Witness		