

## STOCKHOME INDIA LTD.

Regd. Office: J-6, Second Floor, Reserve Bank Enclave, Paschim Vihar, New Delhi – 110063, Phone: 011-25250164, 25250165 SEBI Regn No. NSE:- INZ000182734, BSE:- INZ000182734 CIN No: U67120DL1996PLC081165

Nomination Form																
								FO	ORM	1 FOR NOMI	NATION					
			(To be filled in by individual applying singly or jointly)													
Da	te D D	M M Y	Y	Υ	Y	UCC (	CODE									
ľ	I/We wish to make a nomination. [As per details given below]															
N	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 <sup>st</sup> Nominee					Details of 2 <sup>nd</sup> Nominee			Details of 3 <sup>rd</sup> Nominee				
1	Name of the nominee(s) (Mr./Ms.)															
2	Share of each Nominee	of Equally [If not equally, please specify percentage]					%				%			9	6	
				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:															
		PIN Code	e													
5	Mobile / Te nominee(s) #	lephone No.	of								•					
6	6 Email ID of nominee(s) #															
7	<ul> <li>Nominee Identification details # [Please tick any one of following and provide details of same]</li> <li>Photograph &amp; Signature PAN</li> <li>Aadhaar Saving Bank account no. Proof of Identity Demat Account ID</li> </ul>															
Sr. N	os. 8-14 should b	e filled only if r	nomin	ee(s)	is a n	ninor:										
8	8 Date of Birth {in case of minor nominee(s)}															
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }															
10	10 Address of Guardian(s)															



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	City / Place: State & Country:								
		PIN Code							
11	1 Mobile / Telephone no. of Guardian #								
12	Email ID of Gua	rdian #							
13 Relationship of Guardian with nominee									
14       Guardian Identification details # [Please tick any one of following and provide details of same]         Photograph & Signature         PAN       Aadhaar Saving Bank account no.         Proof of Identity									
			Name(s) of ho			Signature(s)	of holder*		
Sol	e / First Holder (Mr	:/Ms.)							
Se	econd Holder (Mr./N	As.)							
Tł	nird Holder (Mr./Ms	s.)							

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature # Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

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)

Name and Signature of Holder(s)*							
1	2	3					

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