AFN LANGRANA
Complete Investcare

AFN Langrana Share & Stock Brokers Pvt. Ltd.

106, Veena Chamber, 21 Dalal Street, Fort, Mumbai, 400 001.

Website: www.afnlangrana.com
Email: kyc@afnlangrana.com
Tel.: 022-66541460/61, 22631916

NOMINATION FORM -Trading and Demat Accounts

I/We wish to make a nomination. [As per details given below] **Date** D D M M Y Y Y Y

BO Account Details (Only for individual account to be signed by all registered holders)																		
DP Client ID	1	2	0	4	8	6	0	0									**UCC**	
Name of the Sole / First Holder																		
Name of Second Holder																		
Name of Third Holder																		

Nomination Details (Nomination can be made upto three nominees in the account.) ***Marked as Mandatory Field**

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 Trading & Demat account in the event of my/our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name *First Name Middle Name *Last Name	....	....	....
Share of each Nominee ☐ Equally [If not equally, please specify percentage]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
	%	%	%
Relationship with the Applicant (If Any)			
*Address of Nominee(s) *City *State *PIN *Country			
Telephone /Mobile No. of nominee(s)			
E-mail ID of nominee(s)			
Nominee Identification details [Please tick any of the following and provide details of the same]			
☐ Photograph & Signature ☐ PAN ☐ Saving Bank Account No. ☐ Aadhaar ☐ Demat Account ID ☐ Proof of Identity			
Below details to be filled only if nominee(s) is a minor:			
Date of birth (*mandatory If nominee is a minor*)			
Name of the Guardian of Nominee (if the nominee is minor):	Nominee 1	Nominee 2	Nominee 3
*First Name Middle Name *Last Name	....	....	....
*Address of Guardian of nominee: *City *State *PIN *Country			
Telephone / Mobile No.			
E-mail ID			
*Relationship of the Guardian with the Nominee:			
Guardian Identification details [Please tick any of the following and provide details of the same]			
☐ Photograph & Signature ☐ PAN ☐ Saving Bank Account No. ☐ Aadhaar ☐ Demat Account ID ☐ Proof of Identity			

Place		Date	D	D	M	M	Y	Y	Y	Y
Name	First/Sole Holder	Second Holder	Third Holder							
Signature	First/Sole Holder	Second Holder	Third Holder							

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

Note: • This nomination shall supersede any prior nomination made by the account holder(s), if any.
• The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)