Nomination Form

[Following Annexure A to SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/23 dated February 24, 2022 on Nomination for Eligible Trading and Demat Accounts]

I/We wish to make a nomination for NSECM BSECM NSDL DP

| Dayco Securities Pvt Ltd | | | FORM FOR NOMINATION | | | | | | | | | | | | | |
|---|---|---|---|----------|--------|------------------------------------|--------|---------|---------|------------------------------------|-------|---------|--------|--------|------|----|
| | | | (To be filled in by individual applying singly or jointly) | | | | | | | | | | | | | |
| | Poddar i Block (No | | | | | | | | | | | | | | | |
| | Floor, 11 Street, K | | | | | | | | | | | | | | | |
| | 700016, | | | | | т т | | | | Т | | | т т | _ | _ | |
| D | ate D D | M M Y Y | Y Y UCC/ | DP ID | Ι | N | | | | Client ID | | | | | | |
| | | | | | | | | | | | | | | | | |
| I | /We wish to make | e a nomination. [As pe | r details given belov | v] | | | | | | | | | | | | |
| N | omination Detai | ls | | | | | | | | | | | | | | |
| | We wish to make my / our death. | a nomination and do h | nereby nominate the | followir | ng per | son(s) v | ho sha | ll rece | ive all | the assets held | in my | / our a | ccount | in the | even | ıt |
| No no | omination can be | Details of 1 st Nominee | | | | Details of 2 nd Nominee | | | | Details of 3 rd Nominee | | | | | | |
| | Name of the n | ominos(s) (Mu /Ms) | | | | | + | | | | | | | | | |
| 1 | Name of the no | ominee(s) (Mr./Ms.) | | | | - | | | | | | | | | | |
| 2 | Share of each Nominee | Equally [If not equally, please specify percentage] | | | | % | | | | % | | | | | 9 | % |
| | | | Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | | | | | | | | |
| 3 | Relationship V (If Any) | | | | | | | | | | | | | | | |
| 4 | 4 Address of Nominee(s) | | | | | | | | | | | | | | | |
| | City / Place: | | | | | | | | | | | | | | | |
| | State & Country: | | | | | | | | | | | | | | | |
| | | PIN Code | | | | | | | | | | | | | | |
| 5 | 5 Mobile / Telephone No. of nominee(s) # | | | | | | | | | | | | | | | |
| 6 | Email ID of no | ominee(s) # | | | | | | | | | | | | | | |
| 7 | Nominee Identification details # [Please tick any one of following and provide details of same] | | | | | | | | | | | | | | | |
| □ Photograph & Signature PAN □ Aadhaar Saving Bank account no. Demat Account ID | | | | | | | | | | | | | | | | |
| Sr. N | Nos. 8-14 should | be filled only if nomin | nee(s) is a minor: | | | | | | | | 1 | | | | | |
| 8 Date of Birth {in case of minor nominee(s)} | | | | | | | | | | | | | | | | |
| 9 Name of Guardian (Mr./Ms.) {in case of minor nominee(s) } | | | | | | | | | | | | | | | | |
| 10 | Address of Gu | | | | | | | | | | | | | | | |

| | City / Place: State & Country: | | | | | | | | | |
|----------------------------------|--|--|-----------------|---------------------------|---------------------|------------------|--------------------|----|--|--|
| | | PIN Code | | | | | | | | |
| 11 | Mobile/ Telepho Guardian # | ne no. of | | | | | | | | |
| 12 | Email ID of Gua | rdian# | | | | | | | | |
| 13 | Relationship of nominee | Guardian with | | | | | | | | |
| 14 | | fication details # one of following ils of same] | | | | | | | | |
| | ☐ Photograph & ☐ PAN account i Identity ☐ Demat Accoun | no. Proof of | | | | | | | | |
| | l | Signature(s) of holder* | | | | | | | | |
| Sol | Sole / First Holder (Mr./Ms.) | | | | | | | | | |
| Se | econd Holder (Mr./ | Ms.) | | | | | | | | |
| T | hird Holder (Mr./M | s.) | | | | | | | | |
| _ | | _ | = | ired, if the account ho | | b impression, i | nstead of signatur | ·e | | |
| Note: | | | | | | | | | | |
| | • | • • | · | e account holder(s), if a | • | e account holder | r(s) | | | |
| | | | lamo and Si | anaturo of Ho | ldor(e)* | | | | | |
| Name and Signature of Holder(s)* | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | 2 | | 3 | | | _ | | |
| * Sign | | along with name | and address are | required, if the acco | ount holder affixed | es thumb impr | ression, instead | of | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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