

Stock Holding Corporation of India Ltd.[®]

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

| NOMINATION FORM | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|---------------------------------------------------------------|------|--|--|------------------------------------------|--|---|---|------------------------------------------|---|---|---|---|---|
| Nomination Registration No. | | | | | Date | | | | | D | D | M | M | Y | Y | Y | Y |
| <i>(To be filled in by individual applying singly or jointly)</i> | | | | | | | | | | | | | | | | | |
| DP ID | | | | | | | | 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 1st Nominee | | | | Details of 2nd Nominee | | | | Details of 3rd Nominee | | | | | |
| Mandatory Details | | | | | | | | | | | | | | | | | |
| 1 | Name of the nominee(s) (Mr./Ms.)* | | | | | | | | | | | | | | | | |
| 2 | Share of each Nominee | Equally <small>[If not equally, please specify percentage]</small> | | % | | | | % | | | | % | | | | | |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i> | | | | | | | | | | | | | | | | | |
| 3 | Relationship With the Applicant (If Any) | | | | | | | | | | | | | | | | |
| 4 | Date of Birth (in case of minor nominee(s)) | | | | | | | | | | | | | | | | |
| 5 | Name of Guardian (Mr. & Ms) in case of minor nominee(s) | | | | | | | | | | | | | | | | |
| Non-mandatory Details | | | | | | | | | | | | | | | | | |
| 6 | Address of Nominee(s)/ Guardian in case of Minor | | | | | | | | | | | | | | | | |
| | | | | City / Place: | | | | | | | | | | | | | |
| | | | | State & Country: | | | | | | | | | | | | | |
| | | | | PIN Code | | | | | | | | | | | | | |
| 7 | Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor | | | | | | | | | | | | | | | | |
| 8 | Email ID of nominee(s)/ Guardian in case of Minor | | | | | | | | | | | | | | | | |
| 9 | Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Photograph & Signature | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Saving Bank account no. | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Proof of Identity | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Demat Account ID | | | | | | | | | | | | | |

| Name(s) of holder(s) | | Signature(s) of holder* |
|-------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| Sole / First Holder (Mr./Ms.) | | |
| Second Holder (Mr./Ms.) | | |
| Third Holder (Mr./Ms.) | | |
| Witness details are mandatory (if the account holder affixes thumb impression, instead of signature) | | |
| Name: | | |
| Address | _____ | |
| | _____ | |
| Signature | | |

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Declaration for opting-out of nomination

| | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date | | | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DP ID | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Client ID (only for Demat account) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Sole / First Holder Name | <input type="text"/> | | | | | | | | | | | | | |
| Second Holder Name | <input type="text"/> | | | | | | | | | | | | | |
| Third Holder Name | <input type="text"/> | | | | | | | | | | | | | |
| I / We hereby confirm that I /We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by court or other such competent authority, based on the value of assets held in the demat account. | | | | | | | | | | | | | | |
| Name and Signature of Holder(s)* | | | | | | | | | | | | | | |
| 1. _____ 2. _____ 3. _____ | | | | | | | | | | | | | | |
| Witness details are mandatory (if the account holder affixes thumb impression, instead of signature) | | | | | | | | | | | | | | |
| Name: | <input type="text"/> | | | | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | |
| Signature | <input type="text"/> | | | | | | | | | | | | | |

Notes:

1. This nomination shall supersede any prior nomination made by the account holder(s), if any.
2. The Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)
3. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
4. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
5. Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
6. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
7. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.

Acknowledgement



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Received Nomination Form DP ID _____ Client ID _____ from Mr. / Ms. _____
as the sole / First, Second Holder, for updation of Nomination

Date:

Participant Stamp & Signature

*A system generated receipt provided to the client as acknowledgement.