Bonanza

Nomination Form

To, BONANZA PORTFOLIO LIMITED - MUMBAI

Dear Sir/ Madam,

**Last Name

L	We the sole holder	/ Joint holders	/ Guardian (i	in case of minor) hereby declare that:

I/We do not wish to Strike out what is no	nominate any one for this dent tapplicable.] [Signatures of all acc	nat account. Count holders should be obtained on th	is form].		
I/We nominate the whereof are given be	following person/s who is entitle	ed to receive security balances lying e Sole holder or the death of all the Jo	in my/our account, particular		
BO Account Details	,				
DP ID		Client ID			
Name of the Sole / First Holder					
Name of Second Holder					
Name of Third Holder					
Nomination Details	Nominee 1	Nominee 2	Nominee 3		
Nominee Name :					
*First Name:					
Middle Name:					
*Last Name					
*Address:					
*City:					
*State:					
*Pin:					
*Country:					
Telephone No:					
Fax No:					
Nomination Details	Nominee 1	Nominee 2	Nominee 3		
PAN No:					
UID :					
Email ID:					
*Relationship with the BO:					
Date of birth (mandatory if Nominee is a minor):					
Name of the Guardian of Nominee (if the nominee is minor):*First Name:					
Middle Name:					

*Address of tr nominee:	ie Guardian of								
*City:									
*State:									
*Country:									
*Pin:									
Age									
Telephone:									
Fax No:									
Email ID:									
*Relationship of the Guardian with the Nominee:									
*Percentage of allocation of securities:									
*Residual Sectick any one not marked default nominee]:	ninee. If tick not]				
distribution of se entitled for resid	ecurities as per per ual shares, if any.	centage of allocation.	If you fail to choos shall supersede	one nominee who will e one such nominee, t e any prior nomina	hen the first nor	ninee will be i	marked as i	nominee	
_		-	Date:						
Firs		st/Sole Holder		Second Holder		Third Holder			
Name									
Signature									
Note: One witness shall attes		st signature(s) / The							
First Witness			(To be filled by DP) Nomination <u>Form</u> accepted and registered wide Registr				ation No.		
Names of Witness				date	d	<u>_</u> .			
Address of Witness						For	Depository	Participant	
Signature of							Authorised	d Signatory)	
Witness				Acknowledgemen	nt Receipt Receiv	red nominatio	n from:		
DP ID				Client ID					
Nama									
Name Address									
Nomination in fav	or of								
<u>First-Nominee</u>									
Second- Nominee									
Third - Nominee			h ha a a di di						
No Nomination		☐ Does not wish	n to nominate	Registered on		VA VA V			
Registration No.		1		vegisteren ou	D D I	M M Y	YY	Υ	