

#### NJ India Invest Private Limited **DP of Central Depository Services (India) Limited** Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB231360539 CSDL - SEBI Registration No: IN-DP-14-2015 Contact No. : 0261 3985500 Email : dpservices@njgroup.in Website : www.njgroup.in



# Account Details Addition / Modification / Deletion Request Form

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NJ Indialnvest Pvt. Ltd., 8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10. Udhna, Surat-394210, Gujarat, India.

	Please fill all the	e details in Bi	lock Letters	in Engli	sh													
Application No.												*Date	e: [	DD	MM	I Y Y	Y Y	
DP ID:	1 2 0 6	4 2 0	0		Clier	nt ID:					U	CC No	o:					
Account Hold	der's Detai	ls																
Name of the First/	Sole Holder:																	
Name of the Seco	ond Holder:																	
Name of the Third	Holder																	1

Name of the Third Holder:

I/We request to carry out the change of address / signature in the demat account

I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our Trading and Demat account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature * (As per DP)			

Name of client :	
Signature of Client* (As per Trading account)	

Any one Proof Required from the following list (Self attested) :

Bank details : Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than three months with cancelled cheque.

Address details : Copy of Ration card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill (not more than two months), Telephone bill - Land line (not more than two months).

-	(Ple	ease	e lea	ar F	tere	)	-	_

	Acknowledgement Receipt
Received Account Details Addition / Modification / Dela	tions request as per details given below :

Necelved Account Details Additi	OIL	/ 1010	Juli	ica	lion	1/0	PEIE	lion	516	que	si a	s hei	ue	lans	giv	en b	CION	v .													
Application No.																						[	Date	э:	D	D	Μ	М	Y	ΥY	Y
DP ID:	1	2	0	6	4	2	0	0			Clie	ent II	D:								ι	JC	ΟN	0:							
Name of the First / Sole Holder:																															
Name of the Second Holder:																															
Name of the Third Holder:																															
Modification requested for:																															
(Specify reason)																				C	)epo	osit	ory	Par	rtici	pan	it Se	al a	nd S	Signa	ature



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### **Nomination Form**

#### To, NJ Indiainvest Pvt Ltd

Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India.

Dear Sir / Madam,

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

I/We do not wish to nominate any one for this demat account. [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

□ I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details															
DP ID 1 2 0 6 4 2 0 0						С	lie	nt	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:			
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if			
Nominee is a minor):			
*First Name:			
Middle Name:			
*Last Name			





Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
FaxNo:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:			

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

#### Place: \_\_\_\_\_

### Date D D M M Y Y Y Y

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: Two One witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness	
Names of Witness	
Address of Witness	
Signature of Witness	

### (To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_\_ dated \_\_\_\_\_\_

For Depository Participant (Authorised Signatory)



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# **Acknowledgment Receipt**

Received nomination from :

DP ID 1 2 0 6 4 2 0 0				Cli	ent						
Name											
Address											
Nomination in favor of First-Nominee											
Second- Nominee											
Third - Nominee											
No Nomination	Does not wish	to nominate									
Registration No.		Registered on	Date	D	D	M	VI	Y	Y	Y	Y

**Depository Participants Seal & Signature**