

Annexure-A

IndBank Merchant

Banking Services Ltd

Format for providing Nomination

FORM FOR

NOMINATION

1, 60 D	st Floor, Kh , Nandanan 00035 P ID : IN30 N303093 /	00597 /	(To be filled in by individual applying singly or jointly)												
D	Date D D	M M Y Y	Y Y UCC/ DP I N	Client											
I	I/We wish to	make a nominat	ion. [<i>As per details given below</i>]												
N	lomination	Details													
			on and do hereby nominate the f in the event of my / our death.		shall receive all the										
u		can be made ominees in the	Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee										
	-		Mandatory Detai	ls											
1	Name of	the s)(Mr./Ms.)*	Mandatory Detai	ls											
1 2	Name of	s)(Mr./Ms.)* Equally [If	Mandatory Detai	ls %	%										
_	Name of nominee(s)(Mr./Ms.)*		%											
_	Name of nominee(Share of each Nomine	Equally [If not equally, please specify percentage]	% Any odd lot after division sha	%											

Non-mandatory Details								
4	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:							
	PIN Code							
5	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor							
6	Email ID of nominee(s)/ Guardian in case of Minor							
7	Nominee/ Guardian (in case of Minor) Identification details — [Please tick any one of following and provide details of same]							
	 Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID 							
Nar	me(s) of holder(s)	Signature(s) of holder*						
So	le / First Holder (Mr./Ms.)							
S	econd Holder (Mr./Ms.)							
TI	nird Holder (Mr./Ms.)							

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

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



Annexure-B

600035

IndBank Merchant

Banking Services Ltd

1, Nandanam, Chennai

1st Floor, Khivraj Complex

Declaration for opting-out of nomination

FORM FOR

NOMINATION

(To be filled in by individual applying singly or jointly)

DP ID : II	N300597 3 / IN300	•																			
Date	D D M	М Ү	Υ	Y	UCC/ ID	/ DP	Ι	N						Clien ID	t						
/ We here understand he account of assets he such compe	the issues holder(s), a eld in my /	involve my / ou our Mi	d in n ır lega Folio	on-appo I heirs v o / dema	ointment vould ne at accou	t of ned to	om sul vhic	inee(omit a ch ma	s) a ill th y a	nd ne r Iso	furl equ incl	ther iisite lude	are do do	aware cument cument	that s / in s iss	in o Ifori ued	case mat	e of	dea for	ath cla	of al
				Nan	ne and	Sign	atu	re of	Нс	olde	er(s	5)*									
1				2								3	3								

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