



BO Account Nomination Form

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the first Named Account Holder as specified in BO Account Opening Form -02.

Application No Date(DD/MM/YYYY).....

Name of CDBL Participant (Up to 99 Characters) CDBL Participant ID 3 7 2 0 0
Account holder's BO ID 1 2 0 3 7 2 0 0
Name of Account Holder (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)

I/We nominate the following person (S) who is/are entitled to receive securities outstanding in my/our account in the event of the death of the sole holder/all the joint holders.

1. Nominee/Heirs Details

Nominee 1
Name in Full
Short Name of Nominee (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters) Title i.e.Mr./Mrs.
Relationship with A/C Holder Percentage (%)
Address
City..... Post Code State/Division Country Telephone
Mobile Phone Fax E- mail
National ID Card/Passport No Issue Place Issue Date Expiry Date
Residency : Resident Non Resident Nationality Date of Birth (DDMMYYYY)
Name in Full
Short Name of Nominee (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)
Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)
Address
City..... Post Code State/Division Country Telephone
Mobile Phone Fax E- mail
National ID Card/Passport No Issue Place Issue Date Expiry Date
Residency : Resident Non Resident Nationality Date of Birth (DDMMYYYY)

Nominee 2

Name in Full

Short Name of Nominee (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters) Title i.e.Mr./Mrs.

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Relationship with A/C Holder Percentage (%)

Address

City..... Post Code State/Division Country Telephone

Mobile Phone Fax E- mail

National ID Card/Passport No Issue Place Issue Date Expiry Date

Residency : Resident Non Resident Nationality Date of Birth (DDMMYYYY)

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Guardian's Details (if Nominee is a Minor)

Name in Full

Short Name of Nominee (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)

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Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)

Address

City..... Post Code State/Division Country Telephone

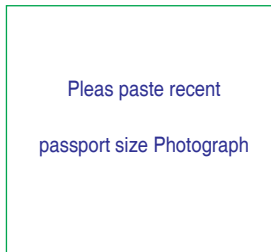
Mobile Phone Fax E- mail

National ID Card/Passport No Issue Place Issue Date Expiry Date

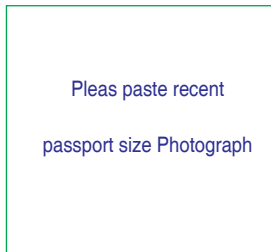
Residency : Resident Non Resident Nationality Date of Birth (DDMMYYYY)

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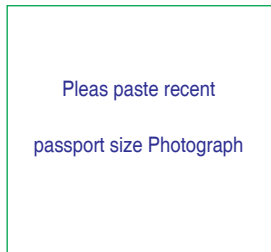
2. Photograph of Nominee/Heirs



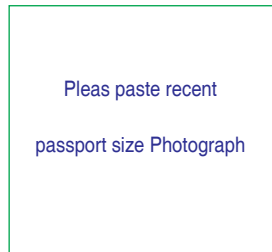
Nominee/Heir 1



Nominee/Heir 2



Guardian 1



Guardian 2

	Name	Signature
Nominee/Heir 1		
Guardian 1		
Nominee/Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		