

# New Berry Capitals Pvt. Ltd

(DP ID NO.12058900) (SEBI Regn. No. IN-DP-CDSL-703-2013)

Regd Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai -400013

Admin Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai - 400013

Tel No - 022 30508442



## Nomination Form

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 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	5	8	9	0	0	Client ID			
Name of the Sole / First Holder												
Name of Second Holder												
Name of Third Holder												
Nominee details												
First Name												
Middle Name												
Last Name												
Address												
City												
State												
Country												
PIN												
Telephone No.												
Fax No.												
E-mail ID												
Relationship with BO (If any)												
Date of birth (If nominee is a minor)												

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name												
Middle name												
Last name												
Address												
City												
State												
Country												
PIN												
Age												

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination is in accordance with the **section 109 A of the companies act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature	<b>X</b>	<b>X</b>	<b>X</b>

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



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Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of Witness		
Signature of Witness		

(To be filled by DP)

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

For Depository Participant (Authorised Signatory)

======(Please Tear here)=====

### Acknowledgement Receipt

Received nomination form from:

DP ID	1	2	0	5	8	9	0	0	Client ID								
Name																	
Address																	
Nomination in favor of																	
No Nomination	Does not wish to nominate																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature