Nomination Form

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

30th		lia Private Limited ower, Senapati Bapat		FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)														
Da	tte D D	M M Y Y	Y Y UC	C/ DP ID						Client ID								
0	I/We do not w I/We nominate	ler/Joint holders/G ish to nominate are the following per ven below, in the e	ny one for this son who is ent	demat acco	ount.				ing i	n my/our	acc	oun	t, P	arti	cula	ırs		
L	We wish to make	e a nomination. [As per	r details given be	low]														
N	omination Detai	ls																
	We wish to make my / our death.	a nomination and do h	ereby nominate t	he following p	erson(s) v	vho sł	hall rece	ive al	l the	assets held	in my	y / ou	ır ac	cou	nt in	the	event	
	omination can be minees in the ac	e made upto three count.	Det	tails of 1 st Nor	ninee		Detail	ls of 2	nd No	minee		Det	ails	of 3	Brd No	omiı	nee	
1	Name of the no	ominee(s) (Mr./Ms.)																
2	Share of each Nominee	Equally [If not equally,			%					%							%	
		please specify percentage]	Any odd lot	after division	shall be tr	ansfe	erred to	the fi	rst no	minee meni	tioned	d in t	he f	orm				
3	Relationship V (If Any)	Vith the Applicant																
4	Address of No City / Place: State & Country																	
		PIN Code																
5	Mobile / T nominee(s)	elephone No. of																
6	Email ID of no	ominee(s)																



7	[Please tick any and provide details of the second of the	Signature ☐ PAN Saving Bank roof of Identity ☐					
Sr. N	os. 8-14 should be	filled only if nomin	nee(s) is a minor:				
8	Date of Birth {i nominee(s)}	n case of minor					
9	Name of Guardi case of minor no	an (Mr./Ms.) {in ominee(s) }					
10	Address of Guar	rdian(s)					
	City / Place: State & Country:						
		PIN Code	ı				
11	Mobile / Tel Guardian	ephone no. of					
12	Email ID of Gua	rdian					
13	Relationship of nominee	Guardian with					
14	Guardian Identi [Please tick any and provide deta	one of following					
	□ Photograph &□ PAN □ Aadhaaccount no. □ P□ Demat Account	nar Saving Bank roof of Identity					
			Name(s) of hol	der(s)		Signature(s)	of holder*
Sole	e / First Holder (Mi	r./Ms.)					
Se	cond Holder (Mr./l	Ms.)			 _		
Th	ird Holder (Mr./M	s.)					

Note:

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

 $The \ Trading \ Member \ / \ Depository \ Participant \ shall \ provide \ acknowledgement \ of \ the \ nomination \ form \ to \ the \ account \ holder(s)$



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

Declaration Form for opting out of nomination [Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

То	Date		D	D	M	M	Υ	Υ	Υ	Υ			
Trading Member/Participant's Name	RKSV Securities India Private Limited												
Trading Member/Participant's Address	30th Floor, Sunshine Tower, Senapati Bapat Marg, Dadar (W), Mumbai - 400 013												
UCC/DP ID													
Client ID (only for Demat account)													
Sole/First Holder Name													
Second Holder Name													
Third Holder Name													
I / We hereby confirm that I / We do not w account and understand the issues involve		•		•	•				-				
that in case of death of all the account he				_									
requisite documents / information for cla which may also include documents issued	_				-		_						
value of assets held in the trading / demat	account												
Name and	l Signa	ture	of H	lolde	r(s)*								
					2								
12					3_								



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



PLEASE AFFIX A
RECENT PASSPORT
PHOTOGRAPH AND
SIGN ACROSS IT

CLIENT'S SIGNATURE [1]

Registered Office: 807, New Delhi House, Barakhamba Road, Connaught Place, New Delhi, 110 011

Correspondence Office: RKSV Securities India Private Limited, Salasar Business Park, Off 150 Feet Flyover Road, Bhayander West, Thane, Maharashtra 401101

Telephone: +91-22-6130-9999 | Fax: +91-22-6710-7492 | Email: trading@rksv.net, www.upstox.com

	ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM UCC Date(dd/mm/yyyy)																	
UCC						Da	ate(dd/r	nm/yyyy)								T		
Please fill all the details in B	lock Lette	ers in Engli	sh				. ,											l
DPID 1 2	0	8	1		8	0		Client ID										
PAN							Aadh	aar No.										
Account Holder's deta	ils																	
Name of First / Sole Hole	der																	
Name of Second Holder																		
Name of Third Holder																		
*Change in Address	;				Corre	spond	lence Ado	dress	Perm	anen	t Add	ress						
*Change of Mobile I	No. / Lar	ndline No).				Char	nge of Email I	D									
Existing Details:						<u>'</u>		New Deta	ils :									
								-						Pi	incode	:		
State: City: City: City: City: City: City: City:																		
Old Email:																		
Old Mobile: New Mobile:																		
Details (Please Specify change	gos Of	Addition	/ Modif	ication		Evi	sting Detai	ile				No	w Detai	le				
Bank details, Signature & am	p;	/ Deletio		ication		LAI	stillg Detai	113				INC	w Detai	ıs				
Nominee (Please Specify Det	tails)	(Please S	pecify)															
Attach an Annexure (with sign	nature(s))	if the spa	ce abov	e is fou	nd insu	fficient						'						
Proof of address to be p	rovided	by appli	cant. F	lease	submi	it ANY	ONE of th	ne following v	alid d	ocum	ents 8	& TICK	agains	st the	docui	ment at	tached	
	ing Lice		_				○ Aadha											
Note: 1) Pan Card copy i	s compu	ılsory wi	th a Re	quest	. 2) T	he pro	vided Ado	dress proof i.e	. Pass	port &	Drivi	ng Lice	ense m	ust b	e withi	in the va	alidity pe	riod.
3) Validity/Expiry d	_	_		-		•						0						
Proof of Identity submi							,,,,,,											
Aadhaar Card			•				ence 🗀	Others					_					
	. 40000																	
Declaration																		
I/We hereby declare tha											_							- 1
of any changes therein, aware that I may be held			case ar	iy of th	ne abo	ve info	ormation	is found to be	atalse	or un	itrue	or misi	eading	g or n	ıısrepr	esentin	g, I am/V	le are
,	1																	
		First	/ Sole	Holo	der			Second	l Hol	der					Thir	d Hold	ler	
Name																		
Client's Signature																		
PLACE:							DATI	E (DD/MM/YYY	Y) []		
FOR OFFICE USE ONLY															-			
AMC/Intermediary name OR	code							IPV Done] on (c	dd/mn	n/yyyy)						
☐ (Originals verified) True☐ (Attested) True copies of					ediary							\$			nation, N		ould contair Organizati	
Maker (DD/MM/	YYYY)							Check	er (DD	/MM/\	YYYY)				$\overline{\top}$			

Acknowledgement Receipt

 ${\it Received\ Account\ Details\ Addition\ /\ Modification\ /\ Deletions\ request\ as\ per\ details\ given\ below:}$

UCC							Da	ite (dd/m	ım/yyyy)					
DP ID	1	2	0	8	1	8			Client ID		·			
Name of	f First / S	ole Hold	er											
Name of	f Second	Holder												
Name of	f Third H	older												
Modifica	ation req	uested f	or:											