

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 (DDMMYYYY).....

Name of CDBL Participant (Up to 99 Characters)
CDBL Participant ID
Account holder's BO ID
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.....
Passport No..... Issue Place..... Issue Date..... Expiry Date.....
Residency: Resident [] Non Resident [] Nationality..... Date Of Birth (DDMMYYYY) []
Guardian's Details (if Nominee is a Minor)
Name in Full
Short Name (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.....
Passport No..... Issue Place..... Issue Date..... Expiry Date.....
Residency: Resident [] Non Resident [] Nationality..... Date Of Birth (DDMMYYYY) []

