

ARHAM SHARE PVT. LTD.SEBI Reg.

Depository Participant: Central Depository Services (I) Ltd.

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SEBI Reg. No.: IN-DP-CDSL-252-2016

FORM FOR NOMINATION

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

| | | | | | | | | | | | Trading Code: | | | | | | | | | | | | | | | | | | | |
|--|---|--------|--------|--------------------------|-------------------------------|----------------------|------------------------|-----------------------------|---|-------|---------------|------|--|------------------------|---|--|--|---|---|------|------------------------|---|---|--|---|---|---|--|---|--------|
| Date | | | | | | | | | UCC | C/DP | ID | | | | | | | | | Clie | nt IE | | | | | | | | | |
| | | | | | • | | | | | | | | | | | | | • | , | ' | | • | | | • | | | | | |
| I/V | Ve wis | h to m | ake a | nom | inati | on. | As po | er de | etails | give | n bei | 'ow] | | | | | | | | | | | | | | | | | | |
| Nomination Details | | | | | | | | Nomination Registration No: | | | | | | | | | | | | | | | | | | | | | | |
| | I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nomination can be made upto three nominees in the account. | | | | | | ree | Details of 1st Nominee | | | | | | | Details of 2nd Nominee | | | | | | ! | Details of 3rd Nominee | | | | | | | | | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | Is.) | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Share of each | | | Equally [If not equally. | | | | | | | | | | | % | | | | | | | % | | | | | | | % | · 2 |
| | Nominee | | | | please specify percentage] | | | | Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | | | | | | | | | | | | | | | | |
| 3 | Relationship With the Applicant (If Any) | | | | | | ant | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Address of Nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City / Place: State & Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ľ | | | | P | IN C | Code | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Mobile / Telephone No. of nominee(s) | | | | | of | | | | • | | | | | | | | | - | | | | | | | - | | | | |
| 6 | Email ID of nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Nominee Identification details - [Please tick any one of following a nd provide details of same] | | | | | l s - ng a | | | | | | | | | | | | | | | | | | | | | | | | |
| | Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID | | | | | ank | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. No | os. 8-1 | 4 sho | uld be | fille | d on | ıly if | f nom | inee | e(s) i | s a m | inor | : | | | | | | | | | | | • | | | | | | | |
| 8 | Date of Birth {in case of minor nominee(s)} | | | | | | or | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Name of Guardian (Mr ./Ms.) {in case of minor nominee(s) } | | | | | | {in | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Address of Guardian(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City / Place: State & Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ľ | | | | P | IN C | Code | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 1 Mobile / Telephone no. of Guardian | | | | | | of | | | | | | | | | | | | | | | | | | | | _ | | | |
| 12 | Email ID of Guardian | | | | | | | | | | | | | | • | | | • | | | | | | | | | | | | |

| 13 | Relationship of Guardian with nominee | | |
|-----|---|--|-------------------------|
| 14 | Guardian Identification detail - [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 | | |
| Na | nme(s) of holder(s) | | Signature(s) of holder* |
| Sol | e / First Holder (Mr./Ms.) | | |
| Sec | cond Holder (Mr./Ms.) | | |
| Th | ird Holder (Mr./Ms.) | | |

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

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