

NOMINATION FORM

Form for nomination

To be filled in by individual applying singly or jointly

Application No: _____

Date	D	D	M	M	Y	Y	Y	Y
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UCC ID		DP ID								Client ID							
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I/We wish to make a nomination. [As per details given below]

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		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1.	Name of the nominee(s)			
2.	Share of each Nominee [If not equally 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)			
4.	Address of nominee(s) City/Place State and Country PIN CODE			
5.	Mobile/Telephone No. of Nominee(s) #			
6.	Email ID of Nominee(s) #			
7.	Nominee Identification details # [please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8.	Date of birth (In case of minor nominee)			
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10.	Address of Guardian(s) City/Place State & Country PIN CODE			
11.	Mobile/Telephone No. of Guardian #			
12.	Email ID of Guardian #			
13.	Relationship of Guardian with nominee			
14.	Guardian Identification details # [please tick any one of following & provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

#Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

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 from the account holder(s).

Witness Details	Name	Address	Signature
Witness			

Declaration Form For Opting Out Of Nomination

[Annexure B to SEBI Circular No. SEBI/HO/MIRSD/RTAMB/CIR/P2021/601 Dated July 23, 2021 on Mandatory Nomination for Eligible Trading & Demat Accounts]

To,

Date	D	D	M	M	Y	Y	Y	Y
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Miracles Fin-Tech Private Limited

Shop No.613, Aaron Spectra, Opp. Rajpath Club, Rajpath Rangoli Road, Ahmedabad, Gujarat, 380054

UCC ID		DP ID										Client ID							
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First/Sole Holder Name	
Second Holder Name	
Third Holder Name	

I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my/our trading/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/information for claiming of assets held in my/our trading/demat account which may also include documents issued by court or other such competent authority, based on the value of assets held in the trading/demat account.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

Witness Details	Name	Address	Signature
Witness			