

Nomination Form

To, SIDDHARTHA COMMODITIES PVT.LTD. , C-73, ADARSH NAGAR, NEAR ADARSH NAGAR POLICE STATION, JAIPUR, RAJASTHAN-302004							FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																								
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security balances held/lying in n Nomination can be made upto three nominees in the account.							Details of 1 st Nominee					Ť	Details of 2 nd Nominee							1	Details of 3 rd Nominee										
1 Name of the nominee(s) (Mr./Ms.)					5)																										
	First *Per				am	<u>e</u>																						—			_
2	alloc				curi	ties																									
☐ Equally [If not equally, please specify percentage]											ď	%								%	,							%			
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3	Rela Appli																														
4	Addr City / State Coun	Pla &			ine	e(s))																								
					PIN	l Cod	de																								
5	Mobi of no				ione	e No) .																								
6	Fax l	No.																													
7	Emai	il ID	of	nom	nine	e(s)																								
8	Nom deta one provi	ils - of	- [F	Please ollowi	e ticl ing	k an an	y																								
	□Phoi □ PA Bank Ident ID	N acc	Aad	dhaai nt no	r □). □F	Sav Proo	ing f of																								
Sr. I	Nos. 9	-17	sh	ould	be 1	fille	d on	ly if	f non	nine	e(s)	is a	mir	or:																	
9	Date of m																														
10	Nam (Mr.,	/Ms	.) {	[in ca	ise (
11	Addr	ess	of	Guai	rdia	n(s)																								



	City/ Place: State & Country:						
	PIN Code						
12	Age						
13	Mobile / Telephone no. of Guardian						
14	Fax No.						
15	Email ID of Guardian						
16	Relationship of Guardian with nominee						
17	Guardian Identification details – [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.	me(s) of hold	er(s)			Signature(s)	of holder*
Sol	e / First Holder (Mr./Ms.)						
Se	econd Holder (Mr./Ms.)						
Th	nird Holder (Mr./Ms.)						
allocat Signat	Residual securities: in case of ion shall be transferred to the fiture of witness, along with not of signature	rst nominee.					
			Witness Detail	ls			
	of witness ss of witness						
	cure of witness						
	omination shall supersede any p					=======	:===
	·		ć cknowledge Rec				
Applica	tion No.:			Date:			
We here	eby acknowledge the receipt of	of the Nominat	ion form:				
Name o	of the Sole/First Holder						
Name o	of the Second Holder						
Name o	of the Third Holder						