



Karuna Financial Services Pvt. Ltd

CIN - U67120WB1994PTC065573

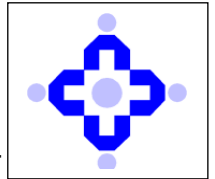
Depository Participant of Central Depository Services (I) Ltd.

Regd. Office: 207, C.R. Avenue, Meridian Plaza, Kolkata-700 006, Ph.: 033-91 33

40365610/06, EMAIL : info@karunagroup.in, DPID : 12052000, DP Regn.No. IN-

DP-CDSL-421-2007

NOMINATION FORM



Ucc Code : _____ Client Id : _____ Date : ____ / ____ / ____

I _____ wish to make a nomination. [As per details given below]

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.

Details of 1st Nominee

Details of 2nd Nominee

Details of 3rd Nominee

Mandatory Details

1	Name of the nominee(s) (Mr./Ms.)*				
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%	%
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)				

*

Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

Non-mandatory Details

4	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country: PIN Code			
5	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
6	Email ID of nominee(s)/ Guardian in case of Minor			
7	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Name(s) of holder(s)	Signature(s) of holder*
----------------------	-------------------------

Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

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

Note:

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

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

Annexure-B

Declaration for opting-out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/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 MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

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