



NOMINATION FORM

(Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601

Dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts

SHAH INVESTOR'S HOME LTD.

TM Code : NSE-07590, BSE - 0943

CIN : U67120GJ1994PLC023257

Registered Office :- P04-01E, Tower A, World Trade Centre, Gyan Marg, GIFT City, Gandhinagar - 382 355.

Correspondence Office :- 'SIHL HOUSE', Opp. Ambawadi, Jain Temple, Nehrunagar Cross Road, Ahmedabad - 380 015.

Contact No. : (079) 41072222 **Website :** www.sihl.in **E-mail :** info@sihl.in

Date : _____

Trading Code / UCC : _____

DP ID | N | 3 | 0 | 0 | 3 | 4 | 3 | CLIENT ID

I/We wish to make a nomination. (As per details given below)

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all 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) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> (If not equally, please specify percentage)	%	%	%
		Any odd not 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 & Country : _____ PIN Code : _____			
5	Mobile/Phone no. of Nominee(s)			
6	Email ID of Nominee(s)			
7	Nominee 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"/> Demat Account ID <input type="checkbox"/> Proof of Identity	Photograph of Nominee & Signature of Nominee 	Photograph of Nominee & Signature of Nominee 	Photograph of Nominee & Signature of Nominee

Acknowledgement

Your request for Client ID / Trading code _____ on Date ___ / ___ / ___ is received and will be entered in our records. Branch / Sub-broker / Franchisee Name: _____

Received By : _____ Place : _____

Sr. Nos. 8-14 should be filled only If Nominee(s) is a Minor:

8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian(Mr./Ms.) {in case of minor nominee(s) }			
10	Address of Guardian(s) City / Place : State & Country : <input type="text" value="PIN Code"/>			
11	Mobile / Phone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with Nominee			
14	Guardian 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"/> Demat Account ID <input type="checkbox"/> Proof of Identity	Photograph of Guardian (If nominee is minor) Signature of Guardian 	Photograph of Guardian (If nominee is minor) Signature of Guardian 	Photograph of Guardian (If nominee is minor) Signature of Guardian 

Name(s) of holder(s)

Signature(s) of holder

Sole / First Holder / Guardian (in case sole holder is minor)(Mr. /Ms.)		X
Second Holder (Mr. /Ms.)		X
Third Holder (Mr./Ms.)		X
