

NSDL Annexure **I**

NAME DELETION IN JOINT ACCOUNT UPON TRANSMISSION

Date: DD MM YYYY

To, Axis Securities Ltd. Aurum Q Parć, Q2 Building, Unit No. 1001, 10th Floor, Level – 6, Plot No. 4/1 TTC, Thane - Belapur Road, Ghansoli, Navi Mumbai, Pin Code – 400710.

I/We, the undersigned, being the surviving holder(s) in the joint account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order and update the details in the account, as per details given below:

Further, I/We confirm that DP/NSDL will not be held liable for any impact on the pending requests related to i.e. demat / remat / conversion / re-conversion /repurchase / tender-offer etc. due to dele on of the name and monitoring of all such pending requests, if any will be done by us.

 1. Account Number		
DPID I N 3 0 4 2 9 5	Client ID	
2. Account holders details		
Account Holder Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased

Original death certificate or copy of death ccertificate attested by the joint account holder(s) subject to verification with the original or copy of the death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority.

3. Upda tion of Address and bank details (To be filled if first holder has deceased) (a) Address details of first holder (submit proof of address)

Residence Address (Local)

First Holder

Second Holder

Third Holder

City / Town / Village		PIN Co	de		
State	ountry				

Correspondence/ Foreign Address

City / Town / Village	PIN Code	
State State	Country	



- (b) Bank details of first holder (submit proof of bank details)
- (a) Cancelled cheque Pesonalised b) Trans statement latest 3 months c) Passbook (Front and back page with latest transaction pg)

Bank account type

Savings Account Current Account	Others (Please specify)
Bank Name	Bank Account No:
MICR Code:	IFSC Code:
Branch Address:	
City / Town / Village	PIN Code
State	Country

4. Signature of surviving joint holder(s)

Sr. No.	Name of the Surviving Joint Holder(s)	Signature
1		
2		



DEMISE REPORTING

To, Axis Securities Ltd. Aurum Q Parć, Q2 Building, Unit No. 1001, 10th Floor, Level – 6, Plot No. 4/1 TTC, Thane - Belapur Road, Ghansoli, Navi Mumbai, Pin Code – 400710.	Date: DD	MM	YYYY
Dear Sir/Madam,			
Sub.: Intimation of demise information.			
Ref.: PAN Client ID Deceased date	e of birth		

I/We regret to inform you about the demise (Name of the deceased person)_

having the above PAN / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organisation / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the selfattested PAN copy of claimant or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Details

		Legal Heir / Joint	Holder / Nomir	nee		
Name						
PAN						
Mobile						
Email						
Address						
Relationship with Deceased holder						

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

🖉 Joint Holder1 / Nominee1	📧 Joint Holde r2 / Nominee2	🖉 Nominee3

Encl.: Death certificate – Original downloaded or self-attested copy. PAN or other ID proof of Deceased person – by the claimant. Self-attested PAN card copy(ies) or any other valid ID proof.





KRA001 APPLICATION FORM – FOR INDIVIDUAL

KNOW YOUR CLIENT (KYC)

A) IDENTITY DETAILS	
1. Name of the Applicant	
2. Father's / Husband's Name	
3. a. Gender Male Female Transgender 3 b. Marital status Single Marr	ried
3. c. Date of Birth DD MM YYYY	💉 1st Holder Signature
4. a. Nationality Indian Other (Please specify)	
4. b. Status Resident Individual Non-Resident Foreign National	
5. a. PAN 5 b. Aadhaar Number, if any	\times \times
6. Specify the proof of the Identity submitted Pan Card Any Others (Please specify)	
B) OCCUPATION & INCOME (PLEASE TICK)	h
Private Sector Public Sector Govt. Service Business Professional Agricult	turist
Retired House-Wife Student Other	251 1 25
Income per annum: Rs. <a> <1 Lac <a>1 to 5 Lac <a>5 to 10 Lac <a>10 to 25 Lac <a>More than 	25 Lac As onOR
Net worth is Rs. As on . (Should not be older than 1 year) C) ADDRESS DETAILS	
1. Residence / Correspondence Address Correspondence Address Residence Address	
City / Town / Village	PIN Code
State Country	
 Specify the Proof of address submitted for Residence / Correspondence Address: Contact Details: 	s "Other then Self" Please select following details.
Tel (Q cc)	Dependent Parent Dependent children
#Email ID is	'Other then Self" Please select following details. pouse Dependent Parent Dependent Parent Dependent children
4. Permanent Address (If di fferent from above, Mandatory for Non-Resident Applicant to specify overse	eas address)
City / Town / Village	PIN Code
State	
D) DECLARATION	
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I und immediately. In case any of the above information is found to be false or untrue, or misleading or misrepresenting, I a	m aware that I may be held liable for it I/we
understand that as an SEBI Registered Intermediary, Axis Securities Limited is required to upload / submit my / our KYC Card and other documents to KRA / CERSAI. I / we herewith give our consent to the Axis Securities Limited to uploa documents along with required details to KRA / CERSAII am/we are also aware that for Aadhaar OVD based KYC, my K details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digi applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.	ad / submit my / our Aadhar Card and other (YC request shall be validated against Aadhaar
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KRA001 APPLICATION FORM – FOR INDIVIDUAL

KNOW YOUR CLIENT (KYC)

(Please fill the form in ENGLISH	I and in BLOCK LETTERS)	
A) IDENTITY DETAILS		
1. Name of the Applicant		
2. Father's / Husband's Name		
	nale Transgender 3 b.	Marital status Single Married
3. c. Date of Birth D D M M	MYYYY	😹 1st Holder Signature
4. a. Nationality Indian	Other (Please specify)	
4. b. Status Resident Indivi	vidual Non-Resident Fore	ign National
5. a. PAN	5 b. Aadhaar	Number, if any
	tity submitted Pan Card Any	/ Others (Please specify)
B) OCCUPATION & INCOME (
Private Sector Public Sect		Professional Agriculturist
Retired House-Wif		
•	Lac 1 to 5 Lac 5 to 10 Lac	10 to 25 Lac More than 25 Lac As onOR
	_As on (Sh	nould not be older than 1 year)
C) ADDRESS DETAILS 1. Residence / Correspondence /	Address Correspondence Addr	ess Residence Address
City / Town / Village		PIN Code
State		
2. Specify the Proof of address s 3. Contact Details:	submitted for Residence / Correspor	
	Tel. (Res.)	#Mobile No is "Other then Self" Please select following details.
Tel (O _{ff})	Fax No.	#Email ID is "Other then Self" Please select following details.
Email ID		
	ent from above, Mandatory for Non-F	Resident Applicant to specify overseas address)
City / Town / Village		PIN Code
State		
D) DECLARATION		-
immediately. In case any of the above understand that as an SEBI Registered Card and other documents to KRA / documents along with required details details. I/We hereby consent to sharir	ve information is found to be false or untr d Intermediary, Axis Securities Limited is re / CERSAI. I / we herewith give our conser ls to KRA / CERSAII am/we are also aware	st of my knowledge and belief, and I undertake to inform you of any changes therein, ue, or misleading or misrepresenting, I am aware that I may be held liable for it I/we quired to upload / submit my / our KYC details along with a copy of my / our Aadhaar t to the Axis Securities Limited to upload / submit my / our Aadhar Card and other that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar dable QR code or my Aadhaar XML/Digi Locker XML file, along with passcode and as onship for KYC purposes only.
Date: D_D_ M_M_ YY	Place:	Signature of the Applicant
	OFFICE	USE ONLY
Originals verified and Self-Att	ttested Document copies received	
In-Person-Verification (IPV) a. Name of the Person		
b. Designation		
c. Name of Organisation		
	YY	Signature of the authorised signatory Seal / Stamp of the Branch



Request for Same Mobile Number / Email Id. In Demat Account - Individual

Date:			
	dd	mm	уууу

DP ID / Client Id.	DP ID.	Client Id.
Name of Account Holder		
□ Mobile Number		
🗆 Email Id.		

I hereby declare that the aforesaid mobile number or Email Id. belongs to $\hfill\square$ Me or

 \Box My family (spouse, dependent children and dependent parents)

Signature 1st Holder Signature 2nd Holder Signature 3rd Holder

E-mail: dphelp@axisdirect.in Tel. No: 022-68515400





FORM FOR NOMINATION

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

Nomination Registration No.		Date: DD MM YYYY
NSDL CDSL (Please select any one)		Trading ID
NSDL DP ID I N 3 0 4 2 9 5	CDSL DP ID 1 2 0 4 9 2 0 0	Demat Client ID

NOMINATION OPTION

I/we the sole holder / joint holders hereby declare that :

I wish to nominate Demat & Trading Account [As per details given below]

- 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-appoint 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.
- Please note that the details of first nominee will be a default nominee for Trading Account.

NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death. This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Nomination can be made upto three nominees in the account.

			Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee					
1	Name of the First Name	he nominee(s) (Mr./Ms./Others) e								
	Middle Na	me								
	Last Name									
2		ach Nominee								
A)	For NSDL	[If not equally, please specify percentage]	% Any odd lot after division shall b	% e transferred to the first nominee n	% entioned in the form.					
B)	For CDSL	Percentage of allocation of securities								
		Residual Securities (please tick any one nominee. If tick not marked default will be first nominee):								
	after distri		entage of allocation. If you fail to c	ne nominee who will be credited w hoose one such nominee, then the						
3	Relationsh	ip With the Applicant (If Any)								
4		f Nominee(s)								
	City: State: Pin: Country:									
5		lephone No. of nominee(s)								
6	Fax No.									
7 8	Nominee I [Please tic	f nominee(s) dentification details - k any one of following and tails of same]								
	Photograph & Signature		ĸ	8	×					
			Affix Colour Photograph of Nominee &Sign across	Affix Colour Photograph of Nominee &Sign across	Affix Colour Photograph of Nominee & Sign across					
			Signature of Nominee	Signature of Nominee						
	PAN									
		ar / UID								
	Saving	Bank account No.								
		of Identity								
	Demat DP ID	Account No.								

9																										
/	Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M		M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
	Age																									
1.0	Sr. Nos. 10-16 should be filled mandatorily if nominee(s) is a minor:																									
10	Name of Guardian (Mr./Ms./Others)																									
	First Name																									
	Middle Name																									
	Last Name																									
11	Address of Guardian(s)																									
	City:					-	7																			
	State:																									
	Pin:																									
	Country:																									
12	Mobile/Telephone No. of Guardian																									
13	Fax No.																									
14	Email ID of Guardian																									
15	Relationship of Guardian with nominee																									
16	Guardian Identification details –													-				1								
	[Please tick any one of following and																									
	provide details of same]																									
	Photograph & Signature																									
								of																		
								6			Guardian & Sign across							Guardian & Sign across								
		Signature of Guardian					Signature of Guardian							Signature of Guardian												
		- Grader a chood and																								
	□ PAN																									
	🗌 Aadhaar / UID																									
	Saving Bank account No.																									
	Proof of Identity																			-						
	Demat Account No.										_															
	DPID																									
17	Name & Signature of Account Holder(s)	Sole/1st Holder						2nd Holder							3rd Holder											
Name	(s) of holder (s)																									
Signature(s) of holder (s)		Signature of 1st Holder Signat							nature of 2nd Holder							Signature of 3rd Holder										
0			0.									0								-	.0					
18	Details of Witness for Nomination																									
	Name of the Witness	Address of Witness									Si	gnat	ure	of W	'itne	SS										
Place	•				_		-			_			_	_	Da	tο	D		L N		15.7I	l v	_	v f	v h	V

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.

2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.

3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.

4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.

5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.

6. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees. The first nominee of Demat account will be considered as default nominee for Trading account.

7. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.

8. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.

9. Savings bank account details shall only be considered if the account is maintained with Axis Bank Ltd.

10. DP ID and client ID shall be provided where demat details is required to be provided.