

**NOMINATION FORM / CANCELLATION OF NOMINATION**  
FOR NERL CLIENTS (Please fill in Block Letters Only)

Date: \_\_\_\_\_ Repository Participant (RP) ID & Name: \_\_\_\_\_

Dear Sir/ Madam,

**I the sole holder hereby declare that [Strike out what is not applicable.]**

I wish to cancel the nomination made by me earlier and consequently all rights and liabilities in respect of beneficiary ownership in the commodities held by me in the said account shall vest with me. [Strike off the nomination details below].

I nominate the following person, who is entitled to receive commodity balances lying in my account, in the event of the death of the Sole holder.

  


Client ID \_\_\_\_\_ Client Name \_\_\_\_\_

**Nominee details**

NOMINEE NAME: \_\_\_\_\_  
First
Middle
Last

ADDRESS: \_\_\_\_\_

PINCODE: \_\_\_\_\_ CITY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ID: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

PAN NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP WITH BO: \_\_\_\_\_

**Note: Client hereby confirms to comply with the norms prescribed by Authority and / or NERL w.r.t. Nomination facility.**

<b>Signature of Nominee</b>

<b>PLACE:</b>	Signature of Client (As per ID / Address proof)
<b>DATE:</b>	

**(To be filled by RP)**

**Nomination Form accepted by**

<b>EMPLOYEE NAME:</b>	Signature
<b>EMPLOYEE CODE:</b>	
<b>DESIGNATION:</b>	
<b>Date:</b>	