

**Change of Nominee Form**

Date: .....  
 ARN No.....  
 Distributor Name.....  
 RM Name.....  
 Client ID.....

To,  
 Alder Capital Advisors LLP  
 503, Morya Blue Moon, Off New Link Road, Andheri-West,  
 Mumbai-400053

Dear Sir/Madam,

**Sub: Change of Nominee in PMS Account**

I/We ..... wish to change nominee/s details for my/our investments in the PMS of Alder Capital Advisors LLP w.e.f.....

I/we here with furnish below details of the new nominee/s:

| Particulars                           | Nominee No.1 | Nominee No. 2 | Nominee No. 3 |
|---------------------------------------|--------------|---------------|---------------|
| <b>Name (Major/Minor)</b>             |              |               |               |
| <b>Date of Birth</b>                  |              |               |               |
| <b>PAN &amp; Aadhar No.</b>           |              |               |               |
| <b>Nominee % sharing</b>              |              |               |               |
| <b>Relationship with Holder</b>       |              |               |               |
| <b>Address</b>                        |              |               |               |
| <b>Guardian's Name (For Minor)</b>    |              |               |               |
| <b>Guardian's Address (For Minor)</b> |              |               |               |
| <b>Specimen Signature (Nominee)</b>   |              |               |               |
| <b>Specimen Signature (Guardian)</b>  |              |               |               |

\_\_\_\_\_  
 Signature (1<sup>st</sup> Applicant)

\_\_\_\_\_  
 Signature (2<sup>nd</sup> Applicant)

\_\_\_\_\_  
 Signature (3<sup>rd</sup> Applicant)

**Disclaimer:**

The nomination will stand cancelled in the event of my/our nominee pre-deceasing me/us.

Nomination in respect of Portfolio stands rescinded upon closure of the Portfolio Management Services Account. Similarly, the nomination in respect of the Securities shall stand terminated upon transfer of the Securities.

Transfer of Portfolio in favor of a Nominee shall be valid discharge by the Portfolio Manager against legal heirs.

Any acknowledgement of receipt of the amounts/or transfer of Securities to my/our credit by the nominee(s)/legal heir(s) will constitute a full discharge of the liability of Alder Capital Advisors LLP in respect of the said amounts/Securities

In the event of any dispute between Client's Nominees and Legal Heirs, **Alder Capital Advisors LLP** shall stand fully discharged of its liability & obligations if it pays the amount and/or Securities that stand to the credit of the designated Nominee. This nomination request will supersede any nomination request given earlier under this Agreement.

This nomination is in consonance with the nomination given by me/us with Bank /depository participants/mutual fund units/such other Securities. In the event of any disputes with respect to the nomination, the portfolio manager will not be held responsible.

I/we have read the rules and understood the nomination facility and I /we hereby confirm to adhere to such rules or amendments thereto as may be made from time to time.

Thanking you, Yours truly,

\_\_\_\_\_  
Signature (1<sup>st</sup> Applicant)

\_\_\_\_\_  
Signature (2<sup>nd</sup> Applicant)

\_\_\_\_\_  
Signature (3<sup>rd</sup> Applicant)

\_\_\_\_\_  
1<sup>st</sup> Applicant Name

\_\_\_\_\_  
2nd Applicant Name

\_\_\_\_\_  
3rd Applicant Name





# AXIS BANK

|  |  |          |  |  |  |  |  |                                |
|--|--|----------|--|--|--|--|--|--------------------------------|
| 7  | <b>Nominee Identification details</b> – [Please tick any one of following and provide details of same]<br><br><input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar <input type="checkbox"/><br>Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/><br>Demat Account ID     |          |  |  |  |  |  |                                |
| <b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b> |  |          |  |  |  |  |  |                                |
| 8  | <b>Date of Birth {in case of minor nominee(s)}</b>   |          |  |  |  |  |  |                                |
| 9  | <b>Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}</b>  |          |  |  |  |  |  |                                |
| 10   | <b>Address of Guardian(s)</b>  |          |  |  |  |  |  |                                |
|  | City / Place:<br>State & Country:  |          |  |  |  |  |  |                                |
|  |  | PIN Code |  |  |  |  |  |                                |
| 11   | <b>Mobile / Telephone no. of Guardian</b>  |          |  |  |  |  |  |                                |
| 12   | <b>Email ID of Guardian</b>  |          |  |  |  |  |  |                                |
| 13   | <b>Relationship of Guardian with nominee</b>   |          |  |  |  |  |  |                                |
| 14   | <b>Guardian Identification details</b> – [Please tick any one of following and provide details of same]<br><br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/><br>Proof of Identity<br><input type="checkbox"/> Demat Account ID |          |  |  |  |  |  |                                |
| <b>Name(s) of holder(s)</b>  |  |          |  |  |  |  |  | <b>Signature(s) of holder*</b> |
| 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