Nomination Declaration

I nominate the people below to receive amounts due to me from the organisation in the event of my death.

Declarant

FULL NAME

FATHER'S OR SPOUSE'S NAME

DATE OF BIRTH

PAN

PHONE

ADDRESS

Nominees

ORGANISATION AND ACCOUNT OR MEMBERSHIP

NOMINEE 1

RELATIONSHIP

SHARE (%)

NOMINEE 2

RELATIONSHIP

SHARE (%)

GUARDIAN IF A NOMINEE IS A MINOR

Declaration

1. This nomination replaces any earlier nomination for the same account.
2. I understand a nominee receives amounts as a trustee for legal heirs where the law so provides.

☐ I solemnly declare that the above is true and correct to the best of my knowledge and belief, and nothing material has been concealed. I understand that a false declaration may lead to action under law.

PLACE

Note: this is a self-declaration. If an authority asks for a sworn affidavit, print it on stamp paper and sign it before a notary or oath commissioner.

Declarant

SIGNATURE

PRINTED NAME

DATE

Witness 1

SIGNATURE

PRINTED NAME

DATE