

**BO Account Nomination Form**

Please complete all details in Capital Letters. **Please fill all names correctly. Names once captured cannot be changed.** All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form-02.

Application No.	Date (DDMMYYYY)
Name of CDBL Participant (Up to 99 Characters) <b>ROYAL CAPITAL LTD.</b>	CDBL Participant ID 1 5 9 0 0
Account Holder's BO ID 1 2 0 1 5 9 0 0	
Name of Account Holder (Insert full Name starting with title i.e. Mr. / Mrs. / Mr. / Dr. Abbreviation only if over 30 characters)	

I/we Nominate the following person(s) who is / are entitled to receive securities outstanding in my/our account in the event of the death of the sole holder / All the joint holders.

**NOMINEE / HEIRS DETAILS**

**Nominee 1**

Name in full

Short Name of Nominee (Insert full Name starting with Title i.e. Mr./Mrs. / M. / Dr. Abbreviation only if over 30 characters) Title i.e. Mr. / Mrs. / M. / Dr.

Relationship with A/c Holder Percentage (%)

Address:

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: E-mail:

Passport No. Issue Place Issue date Expiry Date

**Residency:**  Resident  Non Resident  Nationality Date of Birth (DDMMYYYY)

**GUARDIAN'S DETAILS (IF NOMINEE IS A MINOR)**

Name in full

Short Name (Insert full Name Starting With Title i.e. Mr./Mrs. / Ms./Dr. Abbreviation only if over 30 characters)

Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)

Address:

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: E-mail:

Passport No. Issue Place Issue date Expiry Date

**Residency:**  Resident  Non Resident  Nationality Date of Birth (DDMMYYYY)

**NOMINEE 2**



Name in Full

Short Name (Insert full Name starting with Title i.e. Mr. / Mrs. / M. / Dr. Abbreviation only if over 30 characters) Title i.e. Mr. / Mrs. / M. / Dr.

Relationship with A/C Holder Percentage (%)

Address:

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: E-mail: Fax:

Passport No. Issue Place Issue date Expiry Date

**Residency:** Resident Non Resident Nationality Date of Birth (DDMMYYYY)

**GUARDIAN'S DETAILS (IF NOMINEE IS A MINOR)**



Name in full

Short Name (Insert full Name starting with Title i.e. Mr. / Mrs. / M. / Dr. Abbreviation only if over 30 characters)

Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)

Address:

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: E-mail: Fax:

Passport No. Issue Place Issue date Expiry Date

**Residency:**  Resident  Non Resident  Nationality Date of Birth (DDMMYYYY)

**PHOTOGRAPH OF NOMINEES/HEIRS**

Please paste recent passport size photograph	Please paste recent passport size photograph	Please paste recent passport size photograph	Please paste recent passport size photograph
Nominee / Heir 1	Nominee / Heir 2	Guardian 1	Guardian 2

	Name	Signature
Nominee / Heir 1		
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		
Third Account Holder		