



THE MEHSANA URBAN
CO. OP. BANK LIMITED
(Multi State Scheduled Bank)

FORM 10

FORM FOR NOMINATION/ CANCELLATION OF NOMINATION

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



Date	DEPOSITORY PARTICIPANT ID		I N 3 0 4 1 6 6		CLIENT ID									
☐	I/ We wish to make a nomination, and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.													
☐	I/We wish the supersede the nomination made by me/ us earlier and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.													
OR														
Declaration for opting out of nomination														
☐	I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.													

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 nominee(s) (Mr./ Mrs.)						
2	Share of each Nominee	Equally ☐					
	[If not equally, please specify percentage]		Any odd lot after division shall be transferred to the first nominee mentioned in the form				
3	Relationship With the Applicant (If Any)						
4	Address of Nominee(s)						
	City / Place						
	State & Country & PIN Code						
5	Mobile/ Telephone No. of nominee(s)						
6	Email ID of nominee(s)						
7	Nominee Identification details [Please tick any one of following and provide details of same]		PAN				
	Photograph & Signature ☐ PAN ☐		UID				
	Demat Account ID ☐ Proof of Identity ☐		POI				
	SB Account No ☐ Aadhaar ☐		BO ID				
			SB A/C				

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}						
9	Name of Guardian (Mr./ Ms.) {in case of minor nominee(s) }						
10	Address of Nominee(s)						
	City / Place						
	State & Country & PIN Code						
11	Mobile / Telephone no. Of Guardian						
12	Email ID of Guardian						
13	Relationship of Guardian with nominee						
14	Guardian Identification details – [Please tick any one of following and provide details of same]		PAN				
	Photograph & Signature ☐ PAN ☐		UID				
	Demat Account ID ☐ Proof of Identity ☐		POI				
	SB Account No ☐ Aadhaar ☐		BO ID				
			SB A/C				

Name(s) of holder(s)		Signature(s) of holder*	
Sole/ First Holder/ Guardian (in case Sole holder is minor) (Mr./ Mrs.)			
Second Holder (Mr./ Mrs.)			
Third Holder (Mr./ Mrs.)			
Name of Witness **		Address of Witness **	
		Signature of Witness **	
		Date - -	

**** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature**

This nomination shall supersede any prior nomination made by the account holder(s), if any.