

|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---|---|---|---|---|-------|------------------------------------|--|-------------------------------------------------------------------------------------|--|--|------------------------------------|--|--|-----------|--|------------------------------------|--|--|--|--|--|
| <b>PUNJAB NATIONALBANK</b><br>67, Sonawala Building,<br>Opp. Stock Exchange Building, B.<br>S. Marg, Fort, Mumbai - 400 023                                                                                                                                     |                                                                                                                                                                                 | <b>FORM 10</b><br><b>FORM FOR NOMINATION/ CANCELLATION OF NOMINATION</b><br>(To be filled in by individual applying singly or jointly) |                                                        |   |   |   |   |   |       |                                    |  |  |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| Date                                                                                                                                                                                                                                                            | D                                                                                                                                                                               | D                                                                                                                                      | M                                                      | M | Y | Y | Y | Y | DP ID |                                    |  |                                                                                     |  |  |                                    |  |  | Client ID |  |                                    |  |  |  |  |  |
| I/We wish to make a nomination. [As per details given below]                                                                                                                                                                                                    |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below] |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| <b>Nomination Details</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.                                          |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| Nomination can be made upto three nominees in the account.                                                                                                                                                                                                      |                                                                                                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       | Details of 1 <sup>st</sup> Nominee |  |                                                                                     |  |  | Details of 2 <sup>nd</sup> Nominee |  |  |           |  | Details of 3 <sup>rd</sup> Nominee |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                               | Name of the nominee(s) (Mr./Ms.)                                                                                                                                                |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                               | Share of each Nominee                                                                                                                                                           |                                                                                                                                        | Equally<br>[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)                                                                                                                                                           |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                                 | PIN Code                                                                                                                                                                        |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                               | Mobile/Telephone No. of nominee(s)                                                                                                                                              |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                               | Email ID of nominee(s)                                                                                                                                                          |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                               | Nominee Identification details<br>–[Please tick any one of following and provide details of same]                                                                               |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN                                                                                                 |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 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 Guardian(s)                                                                                                                                                          |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
|                                                                                                                                                                                                                                                                 | PIN Code                                                                                                                                                                        |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 11                                                                                                                                                                                                                                                              | Mobile/Telephone no. of Guardian                                                                                                                                                |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                              | Email ID of Guardian                                                                                                                                                            |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                              | Relationship of Guardian with nominee                                                                                                                                           |                                                                                                                                        |                                                        |   |   |   |   |   |       |                                    |  |                                                                                     |  |  |                                    |  |  |           |  |                                    |  |  |  |  |  |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|---|---|---|---|---|---|---|---|
| 14                                                                    | <b>Guardian Identification details –</b><br>[Please tick any one of following and provide details of same]<br><br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> 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/ Guardian (in case sole holder is minor) (Mr./Ms.) |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
| Second Holder (Mr./Ms.)                                               |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
| Third Holder (Mr./Ms.)                                                |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
| <b>Signature of Witness for Nomination</b>                            |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
| <b>Name of the Witness</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                      | <b>Address</b>                | <b>Signature of witness</b> |   |   |   |   |   |   |   |   |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |   |   |   |   |   |   |   |   |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>Date</b>                 | D | D | M | M | Y | Y | Y | Y |

**Notes:**

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate and partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favor of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation on to transfer the securities in favor of the Nominee(s).
8. Nomination can be made up to three nominees in a Demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total up to hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where Demat details is required to be provided.