

FORM OF NOMINATION

I, _____ hereby nominate the person(s) mentioned below who is/are member/s of my family

will have right to receive the amounts that may stand any credit / to pay the amounts that may stand any debit in the event of my death to that effect for the transactions with SCCL.

Sl. No.	Name and full address of the Nominee	Relationship with the Party	Age of the Nominee	Proof submitted by the Nominee with details	Signature of the Nominee (in case Nominee is minor Guardian's Signature)
1					
2					

Dated this day _____ of _____ at _____.

Witnesses:

(Name & Address)

Signature

1

2

Purchaser's Signature