



|  <b>Vardhaman Capital Private Limited</b>                                                                                                                                                                                                                                                                     |                                                                                                  | <b>FORM 10</b><br><b>FORM FOR NOMINATION/ CANCELLATION OF NOMINATION</b><br><i>(To be filled in by individual applying singly or jointly)</i> |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |  <b>NSDL</b><br><small>Technology, Trust &amp; Reach</small> |   |   |                        |           |  |                      |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------|---|------------------------|---|---|-------|------------------------|---|---|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------------------------|-----------|--|----------------------|--|--|
| Date                                                                                                                                                                                                                                                                                                                                                                                          | D                                                                                                | D                                                                                                                                             | M | M                                                                                           | Y | Y                      | Y | Y | DP ID | I                      | N | 3 | 0 | 3                                                                                                                                              | 2 | 1 | 2                      | Client ID |  |                      |  |  |
| <input type="checkbox"/> I/We wish to make a nomination. <i>[As per details given below]</i><br><input type="checkbox"/> 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. <i>[Strike off the nomination details below]</i> |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
| <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 1st Nominee                                                                                                                        |   |                                                                                             |   | Details of 2nd Nominee |   |   |       | Details of 3rd Nominee |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                             | Name of the nominee(s) (Mr./Ms.)                                                                 |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                             | Share of each Nominee                                                                            | Equally <input type="checkbox"/>                                                                                                              |   |                                                                                             |   | %                      |   | % |       | %                      |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | [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 - [Please tick any one of following and provide details of same]  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Photograph & Signature                                                                                               |   | <input type="checkbox"/> PAN                                                                |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Aadhar                                                                                                               |   | <input type="checkbox"/> Saving Bank Account No.                                            |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Proof of Identity                                                                                                    |   | <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                                                                                                                                                                                                                                                                                                                                                                                            | Guardian Identification details - [Please tick any one of following and provide details of same] |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Photograph & Signature                                                                                               |   | <input type="checkbox"/> PAN                                                                |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Aadhar                                                                                                               |   | <input type="checkbox"/> Saving Bank Account No.                                            |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | <input type="checkbox"/> Proof of Identity                                                                                                    |   | <input type="checkbox"/> Demat Account ID                                                   |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
| Name(s) of holder(s)                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   | Signature(s) of holder |           |  |                      |  |  |
| Sole/ First Holder (Mr./Ms.)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   | X                      |           |  |                      |  |  |
| Second Holder (Mr./Ms.)                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   | X                      |           |  |                      |  |  |
| Third Holder (Mr./Ms.)                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   | X                      |           |  |                      |  |  |
| <b>Signature of the Witness for Nomination</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
| Name of the Witness                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       | Address                |   |   |   |                                                                                                                                                |   |   |                        |           |  | Signature of witness |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                                                                                                                               |   |                                                                                             |   |                        |   |   |       |                        |   |   |   |                                                                                                                                                |   |   |                        |           |  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | Date                                                                                                                                          |   | D                                                                                           |   | D                      |   | M |       | M                      |   | Y |   | Y                                                                                                                                              |   | Y |                        | Y         |  |                      |  |  |