

# FORM 2B

(See rules 4CCC and 5D)

## NOMINATION FORM

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

(If jointly, only upto two persons)

I/ We \_\_\_\_\_ and \_\_\_\_\_ the holders of  
Deposit(s) bearing Account Number(s) \_\_\_\_\_ of  
M/s. SEYAD SHARIAT FINANCE LIMITED wish to make a nomination and do hereby nominate  
the following person in whom all rights of transfer and / or amount payable in respect of Deposit(s)  
shall vest in the event of my/ our death.

### Name and Address of Nominee

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Date of Birth\* : \_\_\_\_\_

Signature of Nominee

\* (To be furnished in case the nominee is a minor)

\*\* The nominee is a minor whose guardian is

Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* (To be deleted if not applicable)

### Signature of Deposit holders

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_  
Name : \_\_\_\_\_ Name : \_\_\_\_\_  
Address : \_\_\_\_\_ Address : \_\_\_\_\_

Signature of two witnesses \_\_\_\_\_ Date : \_\_\_\_\_

Name and Address

Signature with date

1.

2.

Note: Please send us the Nomination Form duly filled and signed for our records.