

NOMINATION REQUIREMENT CUM REPLACEMENT APPLICATION

(To be filled by the Account Holder)

To

The Executive Officer
Lakhimi Sanchay and Rindan S.S. Ltd.
Dhemaji ,787057 .

Sir,

I/We request to replace my/our nominee herein Mr./Mrs./Ms. _____
regarding my/our Account Number _____ Share No. _____
Customer ID _____

I/We do hereby nominate the person/s more particularly described hereunder and cancel the nomination made by me /us earlier if any, in respect of Account folio held by me/us as provided herein.

I/We also understand that all payments and settlements made to such nominee (upon such documentation) shall be a valid discharge by the Society.

I/We hereby DO NOT wish to nominate (Please sign in the box below, if you do not wish to nominate) SHRI / SMT.
Mr./ Miss _____ or canceled.

Old Nominee : (i)

Name of Nominee _____
Address of Nominee _____
Relationship with applicant _____ Sex _____ Age _____
Date of Birth _____ Married Status _____

New Nominee : (ii)

Name of Nominee _____
Address _____
Relationship with applicant _____ Sex _____ Age _____
Date of Birth _____ Married Status _____

Canceled Nominee

Name _____
Address _____
Relationship with applicant _____

Signature's :

Nominee (i) _____

Appointee(ii) _____

Applicant (iii) _____