

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.