Capstone Finance & Investment Services
Nominee Addition Form

Date -

I / We

Name/s	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by Capstone Finance & Investment Services.

Details of the Account Holder

Nature of the Account Holder	UCC	Additional Details, if any

Nominee:

Name: _____

Address: _____

Relationship with client (if any) [ ] Age [ ][ ] Years

If nominee is minor his/her date of birth D D M M Y Y Y Y

*As the nominee is a minor on this date I/we appoint

Name: _____

Address: _____

Relationship with minor*: [ ] Age [ ][ ] Years

to receive the amount of the client on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

_____

**Signature(s) / Thumb impression(s) of client

Witnesses: ***

1. Signature	2. Signature
Name:	Name:
Address:	Address:
Place: Date:	Place: Date:

Strike out if nominee is a not a minor.