

## Letter for intimating Incapacitation of the investor and relevant authorization

Date:

To: \_\_\_\_\_ (Name of the Intermediary)

Location/ City Name: \_\_\_\_\_

**Sub: Intimation about Incapacitation of the investor and Authorization letter**

PAN of the Incapacitated investor																			
Demat Account / Folio No.																			

I/We hereby wish to inform you that the above referred investor has become incapacitated from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (tentatively) for reason \_\_\_\_\_ due to which he / she is unable to transact though having the capacity to contract. Refer the medical certificate from our doctor indicating the same.

I/We request you to record the same in your records and approve the transactions only if the same is initiated by the person authorized by him / her and is within the limits prescribed, if any. I/We also hereby authorize you/your team to independently validate the above incapacitation by visiting the incapacitated investor (tick appropriately / provide information as requested), take appropriate thumb / toe impression or complete any other prescribed processes and procedures, as mandated by the regulator(s).

- ☐ at the registered address (or)
- ☐ at the address where investor stays now (specify) \_\_\_\_\_
- ☐ at the hospital specify the details \_\_\_\_\_
- ☐ Contact Number(s): \_\_\_\_\_ to fix appointment (if required).

Documentary Proof enclosed (tick as applicable):

- ☐ Original Medical certificate indicating incapacitation.
- ☐ Self-attested PAN card copy / Masked Aadhaar copy of the incapacitated investor.
- ☐ Copy of the court order or letter from the competent authority (where applicable).
- ☐ ID Document number of authorized nominee (which should match with details of registered nominee)

I/We will extend all support and cooperation to complete the processes and tag the account as 'Incapacitation', wherever the above referred PAN / Folio(s) is present.

### Declaration from Empowered Nominee

I hereby confirm my understanding and acknowledge the responsibility for limited purpose transaction, as per the wish of the investor(s), in the above referred account/folio and assure to help your esteemed organization with all the required information/documentary proof and support, as required from time to time.

Signatures:

Holder	Name	Signature
First holder		
Joint Holder1		
Joint Holder2		
Authorized Nominee		

**For Office Use only, to be filled only by Regulated Entity employee**

I, \_\_\_\_\_ Emp. No. \_\_\_\_\_, DP/AMC/RTA Name \_\_\_\_\_ visited the above address/hospital and met the incapacitated investor and noted the incapacitation and obtain the following:

Date of Visit	Thumb Impression*	Toe Impression	Marks noted

\*Signature of Witness:

Name of the Witness:

Address of the Witness:

Signature of the DP/AMC/RTA employee: \_\_\_\_\_