

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

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

the Intermediary) Location/ City Name: \_\_\_\_\_

Sub: Intimation about Incapacitation of the investor and Authorization letter

[illegible]

I/We hereby wish to inform you that the above referred investor has become incapacitated from     /    /     to     /    /     (tentatively) for reason      due to which he 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(s) authorized by him 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).

1. at the registered address (or)
2. at the address where investor stays now (specify)\_
3. at the hospital specify the details
4. Contact Number(s): \_\_\_to fix appointment (if required). Documentary Proof enclosed (tick as applicable):
5. Original Medical certificate indicating incapacitation.
6. Self-attested PAN card copy / Masked Aadhaar copy of the incapacitated investor.
7. Copy of the court order or letter from the competent authority (where applicable).
8. ID Document number of authorized nominee (which should match with details of registered nominee)

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

**Declaration from Empowered Nominee**

I hereby confirm my understanding and the responsibility that I own for limited purpose transaction as per the wish of the investor(s) in the above referred account/folio and 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. \_\_\_\_\_, Branch \_\_\_\_\_  
\_\_\_\_\_ 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 Officer:** \_\_\_\_\_

**Name of the Officer:-**

**Designation**