

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communication shall be sent **only** to the First Named Account Holder's correspondence address.

Date (DDMMYYYY) .....

[illegible]

Trading ID/ Broker Code       \* Name of Broker

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of this transaction. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants / Authorized signatories in case of Ltd Co.	Signature with date
First Applicant		
Second Applicant		
3 <sup>rd</sup> Signatory (Ltd C. Only)		
POA Holder		

*BO ID(Broker Clearing A/C)		Internal Reference No:.....		Pay In Quantity.....	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
*DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Broker Name.....			

The Pay In Quantity has successfully been transferred to the broker's clearing A/C -

Name of the CDBL Participant	DP Signature
.....	Setup Date(DDMMYYYY).....

\*These fields should be checked and matched with system-generated information.

Form revision date: 03/08/2004