

POWER OF ATTORNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME, I _____
Residing at _____ send greetings.

Whereas being desirous of appointing some fit and proper person as my true and lawful attorney to operate my Beneficial Owner (BO) Account No. _____ with Central Depository Services (India) Ltd.

And Whereas Mr/Mrs. _____
Address _____

_____ has agreed to act as my constituted attorney for the purposes aforesaid, in the manner and to the extent hereinbelow specified.

NOW KNOW YOU ALL AND THESE PRESENTS WITNESSES that I, the said _____ do hereby appoint and constitute the said _____ as my true and lawful attorney to have and exercise the powers and/or authority, and to do and/or execute the acts, deeds matters and things herein below specified.

1. To operate and maintain my BO Account No. _____ with _____ (Name of the Depository Participant) bearing DPID _____ in Central Depository Services (India) Limited (CDSL)
2. To issue instruction to the said Depository Participant for transfer Dematerialisation, rematerialisation or other transactions including Pledge, Hypothecation, freezing, lending, borrowing and/or any other service/facility that may be extended by CDSL from time to time in respect of the securities held in the said account and/or Securities to which I am or may be entitled and for that purpose, to sign and execute instruction slips and other forms and writings as may be prescribed by CDSL.
3. To accept and give effect to any corporate benefits accrued on my Securities into my BO account held either in the physical or Dematerialised form.

AND I, do hereby agree to ratify all lawful acts and things done by the said attorney pursuant to the powers hereinabove contained.

IN WITNESS WHEREOF I, the above named Mr. _____
have hereunto set my hands this _____ day of ____ Two Thousand _____

Signed, sealed and delivered _____)
By the within named Mr. _____)
In the presence of _____)

POWER OF ATTORNEY FORMALITIES

- **STAMPING/FRANKING OF RS.200/-.**
- **TO BE SIGNED BY THE ACCOUNT-HOLDER.**
- **TO BE WITNESSED BY A THIRD PERSON.**
- **PHOTO OF PERSON IN WHOSE FAVOUR THE “POWER OF ATTORNEY” IS GIVEN. POA HOLDER TO SIGN ACROSS THE PHOTO.**
- **POWER OF ATTORNEY TO BE NOTARISED.**
- **PAN CARD COPY AND PROOF OF ADDRESS, SELF-ATTESTED BY HOLDER OF POWER OF ATTORNEY.**
- **OCCUPATION OF POA HOLDER TO BE MENTIONED ON COPY OF PAN CARD.**
