



7. Account Link Request

Would you like to create a link to your existing Depository Account? Yes No

If yes, then please provide the Depository BO Account Code (8 Digits):

8. Nominees/ Heirs

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees giving names of nominees , relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

9. Power of Attorney (POA)

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account

Exchange Name DSE Trading ID..... CSE Trading ID.....

11. Photograph

| | | |
|--|--|--|
| Please Paste Recent Passport Size Photograph | Please Paste Recent Passport Size Photograph | Please Paste Recent Passport Size Photograph |
| [First Applicant] | [Second Applicant] | [Third Applicant] |

12. Standing Instructions

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes No

13. DECLARATION

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 making such application. 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 | Signature with Date |
|------------------|--------------------|---------------------|
| First Applicant | | |
| Second Applicant | | |
| Third Applicant | | |

14. Special Instructions on operation of Joint Account

Either or Survivor. Any one Can operate Any two will operate jointly

Account will be operated by _____ with any one of the others.

15. Introduction

Introduction by an existing account holder of Depository Participant's Name

I confirm the identity, occupation and address of the applicant(s).....

.....Introducer's Name

.....Account ID

(Signature of Introducer)