

Application No. CDSL /I -



Ajmera Associates Pvt. Ltd.

Depository Service
Account Opening Form
INDIVIDUAL

CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

Internal Ref. No _____ Account No. 12030300

Branch Code and Name _____



Depository Account Opening Documents (AOD) - Checklist (Investor)

Date : _____

Name of the Investor: _____

Individual: _____

Name of the Document	Submitted (Yes / No)	Exceptions, if any
Account Opening Form		
Depository Agreement *		
Specimen Signatures List		
Current / Savings A/c		
Debit authorisation		
Fax Indemnity (Optional) <input type="checkbox"/>		
Standing Instruction for Credit O		
Signed Photographs on Account Opening Form		
Power of Attorney (if applicable)		

* On Rs. 100/-Stamp Paper

Fax Indemnity on Rs. 200/- Stamp Paper

It must be on Letterhead in Case of Corporate

Detail entered in CDAS : Yes / No Date : _____

Intimation sent to Investor : Yes / No Date : _____

Name of the Officer: _____

Instruction for Applicants

- If the Clearing member is a Sole Proprietor or an Individual, then the Corporate Account Opening Form should be filled in.
- Signatures can be in English, Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than in the abovementioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
- Details of the Names, Address and Tel. No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
- In case of additional signatures, separate annexures should be attached to the application form.
- In case of applications under a Power of Attorney, the relevant Power of Attorney of the certified and duly notarised copy thereof, Name of the POA, Signature of the POA, must be lodged with the DP alongwith the application.
- All correspondence / queries shall be addressed to the First/Sole Applicant only.
- Suffix refers to Mr. X Junior or Mr. X Senior or Lord Y I or Lord Y II etc.
- Where the holder is a minor, person lawfully entitled to act on behalf of the minor should sign the nomination.
- Strike off whichever is not applicable.
- The following documents are to be submitted by the Investors:
 - The Introduction may not be required if the copies of any one of the following document is submitted by the BO for determining the intending BO's bonafides: Photocopy of Election ID Card / Passport / Ration Card.
 - Date of Birth Certificate in case of Minors.
 - Proof of NRI Status.
 - Copy of RBI approval for NRIs.
 - One passport size photograph of each account Holder.
- Please Sign all the pages of agreement.
- The Sub-status : Individuals Director of Individual Director Relation, will apply only to specific companies in which the BO is a Director / Director Relative. In such case BO's are advised to maintain separate accounts.
- Extra Charges will be levied for specific account statement requirement.
 - All account holders will be provided fortnightly account statement incase they enter into any transaction. In all other cases a quarterly statement will be provided (When there is no transaction at all).



APPLICATION FORM FOR OPENING A SECURITIES ACCOUNT

INDIVIDUAL NRI FOREIGN NATIONAL

Depository Participant - Ajmera Associates Pvt. Ltd.

Regd. Off. : 236/238, Samuel Street, Ground Floor, Masjid Bunder (W), Mumbai - 400 003. Tel. : 2340 3333

Corp. Off. : 63/67, Carmello's Bldg., 4th Floor, Pathakwadi, Mumbai - 400 002. Tel. : 3021 8888 • Fax : 3021 8989 • E-mail : cdsl@ajmeras.com

Depository Participant - ID - 30300

DP SEBI Regn. No. - IN - DP - CDSL - 210 - 2003

Please fill all the details in BLOCK LETTERS in English

Application No CDSL / I -

Date-

Account No.

1

2

0

3

0

3

0

0

(To be filled up by the Ajmera Associates Pvt. Ltd. Official)

I/We request you to open a Depository Account in our/my name as per the following details :

Type of Account (Please tick whichever is applicable)

Status	Sub-Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director * <input type="checkbox"/> Individual Director Relative * <input type="checkbox"/> Individual HUF / AOP
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable
<input type="checkbox"/> Foreign National	

* Refer Instruction No. 12

Sole/First holder's Details [Please fill all the details in BLOCK LETTERS in English]

First Name			
Middle Name			
Last / Search Name			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. Suffix
Father's / Husband's Name			
Address for	Permanent Address (if Different)		
Correspondence			
City	City		
State	State		
Country	Country		
Pin Code	Pin Code		
Telephone No.	Telephone No.		
Mobile No.	Mobile No.		
Fax No.	Fax No.		
RA.N./G.I.R. No.	IT. Circle/Ward/District		
Email Address			
Date of Birth			
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Farmer <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____		

Waiver From Confirmation for Credits

Yes

No

Ajmera Associates Pvt. Ltd.

Seal & Signature



Account Statement Requirement	<input type="checkbox"/> Daily **	<input type="checkbox"/> Weekly **	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly**
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually**	<input type="checkbox"/> Annually	

** Refer Instruction No. 13

Guardian Details (If Sole/First Holder is a minor) please fill all the details in BLOCK LETTERS in English

Guardian's Name			
Relationship			
Address			
City		State	
Country		Pin Code	
Telephone No.		Fax No.	
Email Address			

Other Holder Details [Please fill all the details in BLOCK LETTERS in English]

Name of Second Holder			
Middle Name			
Last / Search Name			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. Suffix
Father's / Husband's Name			
RA.N./G.I.R. No.		IT. Circle / Ward / District	

Name of Third Holder			
Middle Name			
Last / Search Name			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. Suffix
Father's / Husband's Name			
RA.N./G.I.R. No.		IT. Circle / Ward / District	

Bank Details of Sole / First Holder

	Electronic Credit or Mandate or To be printed on Cheque / Warrant (For Dividend/interest)	Beneficiary Bank Details**(Optional)
Bank Name		
Branch Name		
Bank Address		
9-Digit Code No. *		
Account Type S.B./Current/Cash Credit)		
Bank A/C No.		

* Code No. of the Bank and Branch appearing on the MICR cheques issued by the Bank. ** Can be use by DPs for a debiting of transaction charges from BOs bank Account.



For NRI's / Foreign National (Only if the First / Sole Holder is an NRI / Foreign National)

Foreign Address		Indian Address	
		City	
City			
Country		Country	
Pin Code		Pin Code	
Tel. No.		Tel. No.	
Fax No.		Fax No.	
Currency		E-mail	
RBI Reference No.		RBI Approval Date	

I/We have read the agreement, terms & conditions and agree to abide by and be bound by the Bye laws of CDSI as are in force from time to time for such Accounts. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and further action.

	First/Sole Applicant	Second Applicant	Third Applicant
Name			
Signature			

First/Sole Signatory

Passport size Photograph

(Please Sign across the photograph)

Second Signatory

Passport size Photograph

(Please Sign across the photograph)

Third Signatory

Passport size Photograph

(Please Sign across the photograph)

Introduction Details

Introduction by an existing account holder of **Ajmera Associates Pvt. Ltd.**

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

Introducer's Name _____

BO ID _____

Signature of introducer
(To be verified by Ajmera Associates Pvt. Ltd.)



Undertaking cum Indemnity - in respect of facsimile instruction for operation of Current Account & Depository Account (Others)

To,
Ajmera Associates Pvt. Ltd.
Regd. Off. : 236/238, Samuel Street, Ground Floor, Masjid Bunder (W), Mumbai - 400 003. Tel. : 2340 3333
Corp. Off. : 63/67, Carmello's Bldg., 4th Floor, Pathakwadi, Mumbai - 400 002. Tel. : 3021 8888 • Fax : 3021 8989 E-mail : cdsl@ajmeras.com

Sr. No.	BO Ids	Name of Holder(s)	
		First Holder	
		Second Holder	
		Third Holder	

I/We, _____ residing at _____ execute this UNDERTAKING CUM INDEMNITY in favour of **Ajmera Associates Pvt. Ltd.** A company incorporated under the Companies Act. 1956 and having its Registered Office 236/238, Samuel Street, Ground Floor, Masjid Bunder (W), Mumbai - 400 003 and Corporate Office 63/67, Carmello's Bldg., 4th Floor, Pathakwadi, Mumbai - 400 002. Here in after called the Depository Participant (D.R) (which expression shall unless it be repugnant to the context or meaning thereof mean and include its successors in title) as follows:
 WHEREAS I/We maintain a Depository Account/s ("the said Account"), with the Registered Office 236/238, Samuel Street, Ground Floor, Masjid Bunder (W), Mumbai - 400 003 and Corporate Office 63/67, Carmello's Bldg., 4th Floor, Pathakwadi, Mumbai - 400 002 and as per the instructions for operations of the Said Accounts, the same is allowed to be operated by the persons authorised, (hereinafter referred to as "authorised Persons".)

AND WHEREAS in the day to day business, I am/We are required to give urgent instructions to the D. R for operation of any of the Said Accounts: WHEREAS the D. P. has agreed to accept the original sleep, A Fax Submission signed by the Authorised Persons to operate the said Accounts under their ii. signatures, subject to the indemnity herein offered by me / us to the D. P. on the terms and conditions herein mentioned. Now IN CONSIDERATION OF THE ABOVE, I/We hereby irrevocably agree, confirm and undertake to the D.P. as follows.

1. I/We shall transmit the Fax Instructions only to the fax number informed / provided to us by the D.P.
2. The Fax Submission shall be signed by the Authorised Persons mentioned in the List of Authorised Signatories Submitted by me / us and the account opening form on behalf of me / us and their signatures shall be in the same manner and way as has been informed to the D. P. by me / us and the D. P. is hereby requested and authorised, (but is not obliged to) rely upon and act, in accordance with such Fax Submission which is signed or bonafide believed by the D. P. to have been Signed, by the Authorised Persons.
3. The DP is requested by me/us and shall be entitled to treat any Fax Submission as fully and duly authorised by and binding upon me/us and further be entitled (but not bound) to take any steps relying upon the same, believing the Fax Submission, in good faith as appropriate, regardless, of the amount of money involved and notwithstanding any error in transmission or reception of such Fax Submission or any misunderstanding or ambiguity or lack of clarity in the terms of such Fax Submission.
4. I/We shall upon making any Telefax Submission hereunder, deliver to the DP without any delay within two working days, the original hard copy of the Fax Submission (the Hardcopy) signed by the Authorised Person/s as aforesaid. Each Hardcopy shall bear the following words on the top of the instruction slip. This is a Hardcopy of Fax Submission to you, transmitted on ___ day of _____ month, _____ year.
5. The DP may, but shall not be obliged to, await receipt of the Hard copy prior to taking any action in connection with the Fax Submission and shall not be obliged to follow-up with me/us for the originals. Further the storage of a photocopy of the fax follow-up with me/us for the originals. Further the storage of a photo copy of the fax transmission sent by me/us shall be the conclusive evidence of instruction to the DP for having acted on such instructions and I/We hereby agree and acknowledge the same."
6. I/We hereby agree that in case the DP does not receive the hard copy of their struction within 2 working days, the DP may discontinue the said facility. In such cases the DP will do so with immediate effect after informing me orally/in writing /byfax. I/We undertake that I/We shall not hold the DP liable for any loss to me/us in case the DP does not act on fax instruction received by the DP in such a ase.
7. The DP shall not be required to confirm (whether orally, in writing or otherwise) any fax Submission or (verify the identity of the Authorised Person/s or his/her/ their signa ture/s making or giving the fax submission or purporting to do so.
8. The DP shall be under no duty to set and/or adopt any procedure for the purpose of such Confirmation or verification and if at all there is any, the DP shall not be obliged to strictly adopt or comply with the same in any or every instance.
9. The DP shall not be liable for any losses or damages which I/we may suffer as a consequence of the DP acting in accordance with or in reliance upon, any Fax Submission or otherwise pursuant to the authority conferred herein, upon the DP
10. I/We shall indemnify the DP and CDSL and keep them indemnified and save harmless, at all times against any and all claims, losses, damages, costs liabilities and expenses incurred or paid or incurred by the DP or required to be incurred, suffered or paid by the DP and also against all demands, actions, suit proceedings made, filed/instituted against the DP in connection with or arising

- i. out of or in relation to or as a consequence of:
 - i. The DP acting pursuant to, in accordance with or relying upon, any Fax Submission or otherwise pursuant to the request and authority conferred herein; and/or;
 - ii. The DP acting pursuant to in accordance with or relying upon any Fax Submission received by the DP which it believes in good faith to be such a Fax Submission; and / or;
 - iii. Any unauthorised or fraudulent Fax Submission to the DP PROVIDED that this indemnity shall not be available to the DR if the liabilities for which the DP seeks indemnification here under, arises directly and completely from its own negligence or wilful default.
 - iv. The DP not having acted on the fax submission due to non-receipt of the transmission or receipt of incomplete or partly / fully unreadable transmission.
 - v. The DP not having acted on any fax submission sent by me / us on a number other than the number mentioned by the DP for the purpose of fax transmission.
 11. The DP shall not be under any obligation at any time to maintain any facility for the receipt of any Fax Submission or to ensure the continued operations or availability of any such facsimile facilities or equipment, and I/we shall not hold the DP liable for any loss consequent to non-availability of the said fax facility.
 12. I/We acknowledge and confirm that I am/we are aware that by the very nature of Telecomm unications services, the Fax transmissions may not be received properly and may be clearly legible. I / We agree to assume and bear all the risks involved in respect of such errors and misunderstanding and the DP shall not be responsible in any manner for the same or breach of confidentiality thereto and shall also not be liable for any claims, loss, damage, cost or expense and liability arising therefrom.
 13. This indemnity is without prejudice to the DP's other rights, privileges, powers and remedies in law and the DP may delay enforcing its rights without at any time losing them and any waiver of a right by the DP hereunder or available to it by law, shall not be deemed to be a waiver of any other rights or of the same right at another time.
 14. The DP may stop/terminate this facility given to me / us by giving seven day prior written notice to me/us. However, any such termination shall not affect anything done or any rights liabilities accrued or incurred prior to the termination and all the above indemnities given by me/us to the DP hereunder shall survive any such termination. However in case of termination as mentioned in point 6 above, no such notice need to be given by the DP. The Provisions relating to arbitration contained in the agreement executed by us in favour of The DP shall be applicable to any dispute or difference that may arise in respect of such fax Transmission including all disputes with regard to the receipt of the fax Transmission by the DP
- I/We specifically agree and confirm that regardless of the place from which the fax Trans mission in question may have been transmitted to the DP any matter or issue arising here under shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the exclusive jurisdiction of the Courts of Mumbai (India) alone.

DATED at _____ this _____ day of _____

Given by

1. Signature
Name
Witnessed
2. Signature
Name
Witnessed
3. Signature
Name
Witnessed



NOMINATION FORM

I/We _____ (Name/s)
_____ Address(es)

nominate the following person who is entitled to receive securities outstanding in my / our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details

BO ID	1	2	0	3	0	3	0	0												
Name of the Sole/First Holder																				
Name of the Second Holder																				
Name of the Third Holder																				

Nominee Details

Name																				
Address																				
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	Tel. No.		Fax No.														
Relationship with BO (If any)																				
If nominee is a minor his date of Birth																				

As the nominee is minor on this date, I/We appoint Mr./Ms.Mrs.. _____ (Name)
_____ (Address)

_____ (Age) to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder or the death of all the joint Holder.

Place : _____ Date: _____

	First/Sole Applicant	Second Applicant	Third Applicant
Name			
Signature			

Details of the Witness

	First Witness	Second Witness
Name of the Witness		
Signature of Witness		
Address of Witness		

Two witnesses shall attest Thumb impression(s). Nomination accepted and registered vide Registration No.

Dated . _____ For **Ajmera Associates Pvt. Ltd.**
(Authorised Signatory)

Acknowledgement (To be returned to the BO)

Name of BO																			
BO ID	1	2	0	3	0	3	0	0											
Address of the E 30																			
Nomination in favour of																			
Registration No.																			
	Registered on																		



For Ajmera Associates Pvt. Ltd. Use Only

BR / SP Code . _____	REP. _____
Reed on. _____	Reed by. _____
Scrutiny by. _____	Introducer's sign checked by . _____
Rate Id . _____ Client Id . _____	Group Id . _____
Fax Indemnity. _____ Statements / Bills at group Address _____	

HO Receipt on . _____	Scrutiny by . _____
Entered on _____	Entered by. _____
Authenticated on _____	Authenticated by . _____
DP ID Release on . _____	DP ID Release by . _____

Saving Bank A/c. No. _____	Checked by. _____	Date. _____
Signatures tallied by. _____	Date . _____	

Remarks. _____

Application No. CDSL /I -



Acknowledgement

Ajmera Associates Pvt. Ltd.

Regd. Off. : 236/238, Samuel Street, Group 1, J. J. Bunder (W), Mumbai - 400 003. Tel. : 2340 3333 Corp. Off.: 63/67, Carmello's Bldg., 4th Floor, Pathakwadi, Mumbai - 400 002. Tel.: 3021 8888 • Fax : 3021 8989 • E-mail: cdsl@ajmeras.com

We hereby acknowledge the receipt of the Account Opening Application Form :-

Date : _____

Name of the Sole/First Holder	_____
Name of the Second Holder	_____
Name of the Third Holder	_____

If you need any further clarification/information please feel free to call us.

For Ajmera Associates Pvt. Ltd.



Agreement Between A Participant And A Person Seeking To Open A Beneficial Owner's Account

This Agreement made and entered into at MUMBAI this _____ day of _____ **X**
between AJMERA ASSOCIATES PVT. LTD. having his/its office/registered office at 236/238, Samuel Street. Masjld Bunder (W), Mumbai - 400 003. and Corporate Office at 63/67, Carmello's Bldg., 4th Floor, Phatakwardi. Mumbai • 400 002.
hereinafter called "the participant" of the One part; AND _____ **X**
_____, _____ (description of the legal entity) having his / Its
office / regisered office / address at _____

hereinafter called "the Beneficial Owner" of the Other Part. **X**

WHEREAS the Beneficial Owner is desirous of opening a beneficiiai owner's account with the Participant and the Participant has agreed to open an account in the name of the Beneficial Owner and render services to the Beneficial Owner as a participant, on the terms and conditions recorded hereinbelow :

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS :

General Clauses

1. The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Bye Laws and Operating Instructions Issued by CDSL from time to time In the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

Fees, charges and deposits

2. The Participant shall be entitled to change or revise the fees, charges or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month's notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount payable to the Participant on their respective due dates or within fifteen days of the same being demanded (where no such due date is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid *[not exceeding 18%] per annum or part thereof. On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

Statement of Account

3. The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry or transaction during that month, and In any event once at the end of each [quarter]. Such statement shall be in the form specified in Operating Instructions. The Participant shall furnish such state ments at such shorter periods as may be required by the Beneficlai Owner on payment of such charges by the Beneficial Owner as may be specified by the Participant.

Beneficial Owner shall Intimate change of particulars

4. The Participant shall not be liable or responsible for any loss that may be cafced to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the Participant from time to time, unless notified by the Beneficial Owner.

Participant not liable for claims against Beneficial Owner

5. CDSL shall not be liable to the Beneficial Owner In any manner towards losses, liabilities and/or expenses arising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any Central, State, statutory or reveueue authority in respect of securities credited to the Beneficial Owner's account.



Authorised Representative

6. Where the Beneficial Owner is a body corporate or a legal entity, It shall, simultaneously with the execution of the Agreement furnish to the Participant, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Closure of Account

7. The Beneficial Owner, may, at any time terminate this Agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bue Laws and the procedure laid down in the Operating Instructions. In the event of termination of this Agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same rematerialiased.

Stamp Duty

8. Any stamp duty (including interest or penalty levied thereon) payable on the Agreement and/or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

Force Majeure

9. Notwithstanding anything contained herein or in the Bue Laws, neither party hereto shall be liable to Indemnify or compensate the other for any breach, non-performance or delay in performance of any obligations under the Agreement or for any harm, loss, damage or injury caused to the other due to causes reasonably beyond its control including but not limited to tide, storm, cydone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion, revolution, insurrection, embargo or sanction, blockade, riot, civil commotion, labour action or unrest including strike, lock-out or boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage, or Intrusion, or any other irresistible force or compulsion.

Service of Notice

10. Any notice or communication required to be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgement of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number or address that shall have been previously specified by the party to be notified. Notice given by personal delivery shall be deemed to be given at the time of delivery- Notice given by post In accordance with this clause shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posing. notice sent by facsimile transmission, electronic mall or electronic data transfer shall be deemed to be given at the time of its actual transmission.

Arbitration

11. The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

Jurisdiction

12. The parties hereto agree to submit to the exclusive jurisdiction of the courts in _____

Governing Law

13. The Agreement shall be governed by and construed In accordance with the laws in force in India.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their respective hands/seals to this Agreement in duplicate on the day, month, year and place first hereinabove mentioned.

SIGNED AND DELIVERED

by the withinnamed the Participant)

AJMERA ASSOCIATES PVT. LTD.

by the hand of its authorised representative Shri-----)-----
in the presence of -----)-----
_____)

SIGNED AND DELIVERED)

by the within named the Beneficial Owner)

-----)-----
In the presence of . _____) **X**
_____)

SPECIMEN SIGNATURES



Ajmera Associates Pvt. Ltd.

Account NO:

1	2	0	3	0	3	0	0							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

NAME _____

Specimen signature of mine/us of the person/s authorised by us given below

(Please sign in black ink)

Name/s of Authorised Signatories	Signature(s)** OR Thumb Impressions (attested by Gazetted Officer)
First/Sole Signatory	1.
Second Signatory	2.
Third Signatory	3.

Tel. No. for Correspondence :

Fax Indemnity Yes No

Standing Instruction for Credit Yes No

Note : In case of additional signatures separate annexures should be attached to the Application Form.

** Signaturers in all the languages mentioned in the Eighth Schedule of the Constitution are accepted.

