



**Authorisation format for Trading on behalf of the Client
(Individual & HUF)**

NOTE: It is mandatory to fill the form in blue ink

Date :

To,

IDBI Capital Markets & Securities Ltd.
6th Floor, IDBI Tower, WTC Complex,
Cuffe Parade, Mumbai – 400 005.

Dear Sir / Madam,

Ref : Trading Client Code No : _____

This is with reference to the above referred trading account with you in the name of _____ (Client Pan no: _____). I hereby authorize Mr. / Mrs. / Ms. _____ to place the orders, take confirmations for the trades done through above referred trading account. You are therefore requested to honor all instructions given by the Authorized Representative on my behalf.

I am fully aware and I understand the risk of misuse and unauthorized use by the Authorized Representative / third party. I hereby agree and undertake to indemnify and keep IDBI Capital including its directors, officers and employees indemnified against any loss, claims, liabilities, obligations, damages, deficiencies, actions, suits, or proceedings arising/ accrued or caused to IDBI Capital for any wrong act, deed or thing done by the Authorized Representative in exercise of the powers conferred upon the Authorized Representative under these presents.

I hereby agree that this authorization shall stand terminated from the date when IDBI CAPITAL receives and acknowledges the revocation letter from me.

Details of the authorized representative			
Full Name of the Authorized Representative			
Address of the Authorized Representative			
Pan no. of Authorized Representative		Date of birth of Authorized Representative	
Gender of Authorized Representative (Male / Female)		Mobile no of the Authorized Representative	
Relation of the Authorized Representative with the client		Signature of the Authorized Representative	

Signature of Client

Witness 1	Witness 2
Name	Name
Address	Address
Signature	Signature

Note :

1. Self attested copy of the Pan card of client and Authorized Representative.
2. All the fields are mandatory .
3. Authorized Representative should be a family member i.e spouse, dependent children ,dependent parent only.

(ON STAMP PAPER)

SPECIAL POWER OF ATTORNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME, I, _____, s/d of _____, resident of _____ (herein after called the "Executant") am the holder of online trading account bearing unique client code _____ (hereinafter referred to as the "Account") opened and maintained with IDBI Capital Markets & Securities Limited, a Member of the BSE Ltd. and National Stock Exchange of India Limited having its office at 6th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai 400 005 (hereinafter referred to as "IDBI Capital").

DO HEREBY NOMINATE, CONSTITUTE AND APPOINT _____ s/d of _____ aged about _____ years, presently residing at _____ (hereinafter referred to as the "Attorney") with PAN No. _____ to perform all or any of the following acts, deeds and things and honour all instructions, for and on behalf and in the name of the Executant:

1. To operate the Trading Account on behalf of the Executant.
2. To issue necessary instructions to IDBI Capital for purchase, sale through the Account through the Trade Over Phone (TOP) desk / other similar facility provided by IDBI Capital.
3. To place trade orders, take confirmations for the trade done through the above referred trading account.
4. To sincerely abide by the Statutes, Rules, Regulations and Guidelines prescribed for the purpose and in relation to the operation of the Account.

The Executant hereby agrees and undertakes that all such acts, deeds and things done by the Attorney shall be deemed to be/have been done by the Executant and the Executant shall ratify all and such acts, deeds, or things done by the said Attorney in discharge of the duties conferred upon him/her under the present instrument.

The Executant hereby agrees and is aware of the risk of misuse and unauthorized use by the Attorney.

The Executant hereby agrees and undertakes to indemnify and keep IDBI Capital including its directors, officers and employees indemnified against any loss, claims, liabilities, obligations, damages, deficiencies, actions, suits, or proceedings arising/accrued or caused to the IDBI Capital for any wrong act, deed or thing done by the Attorney in exercise of the powers conferred upon the Attorney under these presents.

The Executant hereby agrees that this special power of attorney shall stand terminated from the date when IDBI CAPITAL receives and acknowledges the revocation letter from the Executant in the format approved by it.

IN WITNESS WHEREOF I, _____, the Executant have executed this Power of Attorney, at _____, on this the _____ day of _____, 2008

Details of the Attorney			
Full Name of the Attorney			
Address of the Attorney			
Pan no. of Attorney		Date of birth of Attorney	
Gender of Attorney (Male / Female)		Mobile no of the Attorney	
Relation of the Attorney with the client		Signature of the Attorney	

(Signature: Executant)

Accepted

(Signature: Attorney)

Witness 1	Witness 2
Name	Name
Address	Address
Signature	Signature

(TO BE EXECUTED BEFORE AND ATTESTED BY A NOTARY PUBLIC)

Note :

1. Self-attested copy of the Pan card of Executant and Attorney .
2. All the fields are mandatory.
3. Attorney should be a family member i.e spouse, dependent children, dependent parent only.