

Annexure 1- Format of Authorization letter

Dated

To,
Consortium Securities Pvt. Ltd.
36, Sant Nagar, East of Kailash,
New Delhi - 110065

AUTHORISATION LETTER

Dear Sir,

I/We, _____ residing
at _____

having trading account with you under client code no. _____ do hereby authorize
Mr./Mrs. _____ who *is/is not a
PEP (Politically Exposed person) or Related to PEP, relation _____ residing
at _____

having contact no _____ & Email Id _____

(whose specimen signature is as attested below) to act as my / our authorized representative to do
following acts, deeds and things for and on my behalf:

1. To sell, purchase, endorse, negotiate and for otherwise deal in securities and/or sign and to execute all transfer deeds whether as transferor or transferee and such other instruments, application and documents as may be necessary for the purpose of acquiring or transferring the same, marking pledge/lien on such securities or otherwise deal, negotiate or trade in securities on my behalf including in Futures and options segment.
2. For the aforesaid purpose to sign contracts, agreements, transfers, acceptances, receipts, acquaintances or other instruments, documents and forms, to accept and carry out correspondence with such person(s) or authority/authorities or department(s) and to do all lawful acts required for effecting the same.

3. To accept and give valid discharges for acceptances and submission of contract notes, bills, ledger statements, transaction statements and all correspondence and communications including all trade related communications on my behalf.

I/we hereby confirm and declare that my/our relation with the Authorized representative as mentioned above is true and correct. I/ we hereby agree, ratify and confirm all acts, deeds and things of whatsoever nature done by my, our authorized representative by virtue of this authority.

Signature of the client alongwith Notary/Banker verifying the signature)

Name of Client: _____

Please affix
photo of
authorized
signatory duly
signed across

Accepted

I hereby confirm the authority vested upon me by _____
(Name of the client) and agree to take all action in good faith of the client.

Specimen Signature of authorized signatory
(Notary/Banker verifying the signature)

- Strike off whichever is not applicable.
- As a proof of identification & address of the aforementioned authorized representatives,
I/we hereby enclose certified true copy of the following:
 - PAN card of the Authorized representative containing photo and signature (PANCARD ONLY)
 - Address Proof (Passport/Driving License/Voters ID card/Bank Statement)