

PROXY FORM

To
SBICAP Securities Ltd
Marathon Futurex, 12th Floor Block A&B
N M Joshi Marg , Lower Parel East
Mumbai- 400 013

From:
Client Name: _____
Address: _____

Client Code: _____
Date: _____

Dear Sir/Madam,

I, do hereby authorize Mr/Ms _____ **Proxy Holder**
relation with Holder, residing at _____ **Address of Proxy Holder**
having contact no _____ **Proxy Holder** & email id _____ **Proxy Holder** (whose specimen
signature is attested below) to act as my/our authorized representative to do following acts, deeds and things for
and on my/our behalf:

To place orders, take confirmations for the trades done through the above referred trading account.

I am fully aware and I understand the risk of misuse and unauthorized use of the authority given to the proxy holder. I accept full responsibility and I shall be liable for and will pay or reimburse all costs, charges, damages and expenses incurred as a consequence of any transaction executed by the authorized representative on my/our behalf.

I hereby agree to indemnify and hold harmless at all times SBICAP Securities Ltd. against all actions, liabilities, claims, losses, damages, expenses (including legal expenses on full indemnity basis), direct or indirect, suffered or incurred by SBICAP Securities Ltd. arising from or which is directly or indirectly related to:

- (i) transaction executed using this authority;
- (ii) any breach or non-observance of terms and conditions of SBICAP Securities Limited/Stock Exchanges/SEBI by said Authorized Person.

This authority shall continue to remain in force until I revoke by a notice in writing delivered to you at your registered address.

Signature of Proxy holder

Signature of client

Accepted

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

As a proof of identification & address of the aforementioned authorized representative,
I hereby enclose certified true copy of the following:*

- PAN card of the authorised representative.
- Address Proof (Passport/ driving License/Voters ID/ Bank Statement)

Witness 1:

Name: _____

Address: _____

Signature: _____

Witness 2:

Name: _____

Address: _____

Signature: _____

Please affix Photo of
Proxy holder
authorized signatory
duly signed across

Signature of
Proxy holder

* Kindly note signature should match with at least one document submitted by authorised signatory