

BO ACCOUNT NOMINATION FORM

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communications shall be sent to the correspondence address of only the First Named Account Holder as Specified in BO Account Opening Form - 20.

Application No

Date (DDMMYYYY)- / / 200

(Name of CDBL Participant) SQUARE SECURITIES MANAGEMENT LTD.	CDBLParticipant ID 1 5 6 0 0
Account holder's BO ID 1 2 0 1 5 6 0 0 <input type="text"/>	
Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) <input type="text"/>	

I/We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event death of the sole holder/all the joint holders.

1. Nominee/Heirs Details

Nominee 1 Name in Full <input type="text"/>	
Short name of Power of Nominahim (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) <input type="text"/>	Title i.e. Mr/Mrs <input type="text"/>
Relationship with A/C Holder :	Percentage (%) <input type="text"/>
Address <input type="text"/>	
City..... Post Code..... State / DivisionCountry	
Telephone..... Mobil Fax.....E-mail.....	
passport No..... Issue Place Issue Date..... Expiry Date.....	
Residency : Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality	Date Of Birth (DDMMYYYY) <input type="text"/>

Guardian's Details (if Nominee is a Minor)

Name in Full :	
Short Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) <input type="text"/>	
Relationship with Nominee.....	Date of Birth of Minor (DDMMYYYY).....Maturity Date of Minor (DDMMYYYY).....
Address :	
City..... Post Code..... State / DivisionCountry	
Telephone..... Mobil Fax.....E-mail.....	
Passport No..... Issue Place Issue Date..... Expiry Date.....	
Residency : Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality	Date Of Birth (DDMMYYYY) <input type="text"/>

Nominee 2
 Name in Full

Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) Title i.e. Mr. /Mrs. /Mrs.

Relationship with Holder..... Percentage(%).....

Address.....

City..... Post Code..... State / Division Country

Telephone..... Mobil Fax..... E-mail.....

Passport No..... Issue Place Issue Date..... Expiry Date.....

Residency : Resident Non Resident Nationality Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full :

Short Name (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)

Relationship with Nominee..... Date of Birth of Minor (DDMMYYYY)..... Maturity Date of Minor (DDMMYYYY).....

Address.....

City..... Post Code..... State / Division Country

Telephone..... Mobil Fax..... E-mail.....

Passport No..... Issue Place Issue Date..... Expiry Date.....

Residency : Resident Non Resident Nationality Date Of Birth (DDMMYYYY)

2. Photograph of Nominees / Heirs

Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
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Nominee / Heir 1

Nominee / Heir 2

Guardian 1

Guardian 2

	Name	Signature
Nominee / Heir 1		
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		