

(To be executed on stamp paper of Rs.100/-)

**POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT**

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To all to whom these presents shall coml/we, \_\_\_\_\_

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\_\_\_\_\_ (name of the BO) Indian inhabitant(s) send greetings.

**Whereas** I/we hold a Beneficiary account no. (s) 12033200 00 \_\_\_\_\_ (BO-ID) with Central Depository Services (India) Limited, through ANGEL BROKING LIMITED (name of the Depository Participant) bearing DP-ID 12033200.

**And Whereas** I/we am/are an investor(s) engaged in buying and selling of securities through ANGEL BROKING LIMITED (name of the Clearing Member), a member of The Stock Exchange Mumbai, bearing SEBI registration no.INB010996539 and ANGEL CAPITAL & DEBT MARKET LIMITED (name of the Clearing Member), a member of The National Stock Exchange of India Limited, bearing SEBI registration no. INB230600236.

**And Whereas** due to exigency and paucity of time, I/we am/are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account(s) on my /our behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I/WE THE ABOVENAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT Angel Broking Limited and Angel Capital & Debt Market Limited (name of the attorney/ Clearing Members) as my/our true and lawful attorney(s) (hereinafter referred to as the attorneys) for me/us and on my/our behalf and in my/our name to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account(s) for the purpose of delivering the same to the clearing house of the recognized stock exchange toward any segment in respect of securities sold by me/us through them.

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BROKING CODE

This authority is restricted to the pay-in obligations arising out of the transactions of sale effected by me/us through Angel Broking Limited and/or Angel Capital & Debt Market Limited (name of Clearing Members) and I/we ratify the instructions given by the aforesaid Clearing Members to the Depository Participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I/we have given to the Depository Participant fifteen days advance notice in writing to the contrary.

**Signed and delivered**

by the within named Beneficial Owner(s)

1. \_\_\_\_\_ } @

2. \_\_\_\_\_ } @

3. \_\_\_\_\_ } @

in the presence of (name & address of witness)

(Name of witness) \_\_\_\_\_ } @

(Address) \_\_\_\_\_ }

\_\_\_\_\_ }

Date: \_\_\_\_\_ Place: \_\_\_\_\_

I/We Accept  
(Name, Address and Signature of the Attorney)