

**BSE
POWER OF ATTORNEY**

TO ALL TO WHOM THESE PRESENTS SHALL COME I/We

Name

Address

.....
"Whereas I/We hold a Beneficiary account no. 12017701-_____ (BO-ID) with Central Depository Services (India) Limited, through HEM SECURITIES LIMITED, 203, JAIPUR TOWER, MI ROAD, JAIPUR 1, bearing SEBI Registration No. IN-DP-CDSL-83-2000."

And Whereas I/We am an investor engaged in buying and selling of securities through **CHANDRAKALA BROKING SERVICES PVT. LTD.** a member of The Bombay Stock Exchange (BSE), Mumbai bearing SEBI registration no. **INZ-000240039**.

And Whereas due to exigency and paucity of time, I/We am desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided here in.

NOW THESE PRESENTS WITNESS That I/We the above named do hereby Nominate, Constitute, and Appoint **CHANDRAKALA BROKING SERVICES PVT. LTD. CHORARIA CHOWK, GANGASHAHAR, BIKANER**, as my/our true and lawful attorney (hereinafter referred to as the attorney) and authorize it to perform the following functions on my/our behalf.

i. to debit securities and/or to transfer securities from the aforesaid Demat account in respect of settlement of trades and margin obligations arising out of trades executed by me/us on the Bombay Stock Exchange (BSE) through **CHANDRAKALA BROKING SERVICES PVT. LTD. Clearing Member ID No. 6472** .

ii. to return to me/us, the securities that may have been received erroneously or those securities that were not entitled to receive from me/us;

iii. to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/EMAIL on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

This authority is restricted to the pay-in obligations arising out of the transactions of sale effected by me/us through **CHANDRAKALA BROKING SERVICES PVT. LTD.** and I/We ratify the instructions given by the aforesaid Clearing Member 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 it is revoked (without notice) in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received at office at **CHORARIA CHOWK, GANGASHAHAR, BIKANER**

SIGNED AND DELIVERED BY



_____ (Sole/First Holder) _____ (Second Holder) _____ (Third Holder)

WITNESS :

Signature : _____

Name : _____

Address : _____

I Accept

DIRECTOR : _____

**CHANDRAKALA BROKING SERVICES PVT. LTD.
CHORARIA CHOWK, GANGASHAHAR, BIKANER**

DATE :-