FORMAT OF BR. (ON LETTER HEAD)

CERTIFIED TRUE COPY OF THE R		HAVING		TING OF REGIST		OF DIRECTOR OFFICE	AT
						OTTIOL	***
RESOLVED THAT the Company Ltd., Member of National Stock Ex the purpose of dealing on Capita Member be and is hereby author Company by any of the under not	xchange of In al Market Se ized to hono	ndia Ltd. (NS gment / Futu our instruction	E) and Bo ire and Op is, verbal o	mbay Sto ption Seg	ock Excha gment and	inge Ltd. (BS d the said Tr	E) for ading
Sr. No.	lame		Des	ignation			
1							
2							
Who is/are authorized to sell, puthrough M/s Vardhaman Capital F			_		ents and	or otherwise	deal
RESOLVED FURTHER THAT Mr and/or Mr Directors and/or Mr authorized Signatories of the Company be and is hereby authorized any one to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.					ereby other		
RESOLVED FURTHER THAT the Common Seal of the Company be affixed, wherever necessary, in presence of any one Directors and/or Company Secretary, who shall the same in the token of the presence.							
For							
(Chariman/ Company Secretary)							
Specimen Signature of Authorized Persons							

FORMAT OF B O (ON LETTER HEAD)

To M/s.Vardhaman Capital Pvt. Ltd 25, Swallow Lane, Wardley House 2 nd Floor, Kolkata-700001		Date:
Dear Sir,		
With reference to SEBI Circular CIR/MIRSD/2/20	13 dated January 24, 2013 we he	ereby declare that
Option A:		
Following person/s is/are Beneficial Owner/s of t NAME	he company: DESIGNATION	<u>PAN</u>
1		
2		
Option B:		
Following person/s holding the position of senior beneficial owner/controlling interest is identified <u>NAME</u>		ural Person as no
1		
2		
The self-attested copy of PAN and Address Proof along with this declaration for your reference. Thanking you	of the Beneficial Owners/Natura	al Persons are given
Yours faithfully		
For,		

Director/Authorized Signatory

DECL	A D ATIO	N TO RE	CIVEN	DV LIIE

To, Vardhaman Capital Pvt Ltd. 25, Swallow Lane Wardley House, 2"d floor Kolkata-700001

Dear Sir,

We, all the coparceners / members detailed below of the Hindu l	Undivided Family carrying on business in
the name and style of	having PAN
do hereby authorize Karta of the family Mr	t o open / operate
in the name of this HUF a demat account with Vardhaman Cap	oital Pvt.Ltd, a Depository Participant of
$\label{eq:NSDL} \textbf{NSDL, to issue notices and instructions relating to transfer, pledging} \\$	ng , dematerialializing or rematerializing
orders, execute deals through you for and on behalf of the above	named HUF and we state that we are and
shall always be jointly and severally responsible for the dealings ,	orders / transactions / instructions that
are executed by the karta Mr	and all his orders/instructions shall
be binding on the HUF and all its members jointly as well as several and the second contract of the second contra	lly.

In the eventuality of change of Karta or change in the constitution of we shall inform you in writing and understand that We are required to collect from you an acknowledgement of having taken the same on record.

The Specimen signature of the Karta Mr	is	given
below:		

Specimen Signature in full	Z
----------------------------	---

Thanking you,

Your's faithfully

Name of the Co-Parceners / Member	Sex	Date of Birth	Relationship with Karta	Signature of the Co-Parceners / Member	Whether Co-Parceners / member
				A.	
				p.	
				J.	
				J.	
				<i>J</i> ⁴ ,	
				J.	

From,	
To,	
Vardhaman Capital Pvt. Ltd.	
25 Swallow Lane, Wardley House,	
2nd Floor,	
Kolkata – 700001.	
Sub:-Mandate for Authorized	d Representative
T/XX/ / 1	A VODI 1
I/We am/are having a trading account bearing client code	ewith VCPL do
No, being our	naving modile / Tel.
, being our	hereinafter referred to as authorized
representative whose signature is given below, to trade on that all obligations arising out of trades executed by sucl. I/We authorize you to accept all instruction, from such transactions in our account.	h person will be met by me. Further,
I/We also undertake to idemnify VCPL for all dues, penaltand arising out of and in connection with transaction with VCPL and operated Mr. / Mrs	s pertaining to trading account no.
I/We further undertake that in case of any changes in including the cancellation of rights so granted to the above my sole responsibility to inform VCPL through a physical offices of VCPL.	e authorized representative, it shall be
(Signature of Mandate Holder) Attested Place:-	Authorised Signature of Authorised Representative

Note: In case the client does not sign this mandate, orders, instructions and payment / transfer advises shall not be accepted in the client account from the person(s) other than the client.

Date :-