

**Authorization Letter**

(on the letterhead of the Partnership Firm)

To,

**Arihant Capital Markets Limited**

6, Lad Colony,

Y.N. Road

Indore (M.P.) – 452003

Dear Sir,

We the partners of M/s \_\_\_\_\_ a Partnership firm, having its office at \_\_\_\_\_ hereby authorize Mr./Ms. \_\_\_\_\_ and Mr./Ms. \_\_\_\_\_ to open a Depository (Beneficiary) Account and/or Trading A/c with Arihant Capital Markets Ltd, a Depository Participant with National Securities Depository Limited (NSDL) & Central Depository Services (I) Ltd (CDSL) and Member of stock & commodity Exchange(S) for the purpose of trading/Investment/maintaining/keeping/settling in various product offered like equity, Derivatives, currency, commodity and other financial product from time to time on behalf of the firm M/s. \_\_\_\_\_. He/She/They is/are authorized to sign, execute and submit such applications, undertakings, agreements, and other requisite documents, writing and deeds as may be deemed necessary or expedient to open account and give effect to this purpose.

He/She/They is/are also authorize to operate the Beneficiary Account(s) to be opened with M/s Arihant Capital Markets Limited through the Power of Attorney (POA) to be executed in favour of M/s Arihant Capital Markets Limited.

We also recognize that a beneficiary account cannot be opened with a depository participant in the name of the partnership firm as per regulation. To facilitate the operation of the above trading with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account with depository Arihant Capital Markets Limited having DP ID IN301983/12043000 opened as a joint account in the name of the partners namely Mr. / Ms. \_\_\_\_\_, and Mr./ Ms. \_\_\_\_\_ of the firm. We agree that the obligation for the shares purchased and / or sold by the firm will be handled and completed through transfer to / from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

**Specimen Signatures of the Authorized persons:**

Sr. No.	Name	Specimen Signature

For and on behalf of  
(Firm's Name :-