

Nomination Form

To,
VSE STOCK SERVICES LTD.

(Wholly Owned Subsidiary of Norfolk Technology Services Ltd.)

(Depository Participant of Central Depository Services (India) Limited)

2nd Floor, Fortune Tower, Sayajigunj, Vadodara - 390 005. Telephone No. : 0265-2361036 Intercom : 327/331

DP ID No. : 13016700 SEBI Reg. No. IN-DP-CDSL-705-2013 UID No. : 100009571

CIN : U67120GJ2002PLCO40360

Dear Sir / Madam,

I/We the Sole Holder / Joint Holders / Guardian (in case of minor) Hereby Declare That :

- I/We do not wish to Nominate any one for this Demat Account.
(Strike out what is not applicable.) (Signatures of all account holders should be obtained on this form).
- I/We Nominate the following person's who is entitled to receive security balances lying in my/our Account, particulars where of are given below, in the event of the death of the Sole holder or the death of all the Joint Holders

| BO Account Details | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|
| DP ID | | | | | | | | | | Client ID | | | | |
| Name of the Sole / First Holder | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | |

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-----------|-----------|-----------|
| Nomination Name : | | | |
| First Name : | _____ | _____ | _____ |
| Middle Name : | _____ | _____ | _____ |
| Last Name : | _____ | _____ | _____ |
| Address : | | | |
| City | | | |
| State | | | |
| Pin | | | |
| Country | | | |
| Telephone No. | | | |
| Fax No. | | | |
| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
| PAN No. | | | |
| UID | | | |
| Email ID | | | |
| Relationship with the BO | | | |
| Date of Birth (Mandatory if Nominee is a Minor) | | | |
| Name of the Guardian of Nominee (if the nominee is minor) | | | |
| First Name : | _____ | _____ | _____ |
| Middle Name : | _____ | _____ | _____ |
| Last Name : | _____ | _____ | _____ |
| Address of the | | | |

| | | | |
|---|--|--|--|
| Guardian of Nominee | | | |
| City | | | |
| State | | | |
| Pin | | | |
| Age | | | |
| Telephone No. | | | |
| Fax No. | | | |
| Email ID | | | |
| Relationship of the Guardian with the Nominee | | | |
| Percentage of allocation of securities | | | |
| Residual Securities [please tick any one nominee. If tick not marked default will be first Nominee] | | | |

Note : Residual securities : In case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

Marked is Mandatory Field

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us

Place :

Date :

| | First / Sole Holder | Second Holder | Third Holder |
|-----------|---------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

Note : One Witness Shall Attest Signature / Thumb Impression.

| Details of the Witness | |
|------------------------|----------------------|
| | First Witness |
| Name of Witness | |
| Address of Witness | |
| Signature of Witness | |

(To be filled by DP)

Nomination Form Accepted and registered with Registration No _____ Dated _____

For Depository Participant
(Authorised Signatory)