Annexure 1- Format of Authorization Letter:

Dated: D D / M M / Y Y Y

To, Kotak Securities Ltd. Kotak Infinity 8th Floor. Bldg No.21 Infinity Park, Off Western Exp. Highway Malad (E), Mun 400097	ıbai -		
AUTHORIZATION LETTER			
Dear Sir,			
I/ We,	residing at		
having trading account v	vith Kotak Securities with	client c	ode
do hereby authorize Mr./Ms		_ who	*is/is not a PEP
(Politically Exposed person) or Related to PEP, relation _			
residing at			having
contact No	& E-mail ID		(whose

specimen signature is as attested below) to act as my / our Authorized Representative to do following acts,

deeds and things for and on my behalf:

1. To sell, purchase, endors, negotiate and for otherwise deal in securities and / or sign and to execute all transfer deeds whether as transferor or transferee and such other instruments, application and documents as may be necessary for the purpose of acquiring or transferring the same, marking pledge/lien on such securities or otherwise deal, negotiate or trade in securities on my behalf including in the Futures & Options segment.

2. For the aforesaid purpose to sign contracts, agreements, transfers, acceptances, receipts, acquaintances or other instruments, documents and forms, to accept and carry out correspondence with such person(s) or authority/authorities or department(s) and to do all lawful acts required for effecting the same.

3. To accept and give valid discharges for acceptances and submission of contract notes, bills, ledger statements, transaction statements and all correspondence and communications including all trade related communications on my behalf.

4. I/We am/are aware that the Authority Letter cannot be executed in favour of a) Authorize Person/ Franchisee and its employees and b) R eferrers, except for accounts belonging to the relatives of such persons.

In case Referrer of the account is the same as Authorized Representative, the following clause is applicable and I/We agree and accept the following: I/We am/ are aware and informed that Exchanges have issued circulars on incentives/referral schemes which inter alia restricts the Referrer from undertaking certain activities. I/We have read and understood all the circulars, guidelines, clarifications etc., issued by Regulators from time-to-time and am aware of the risks and implications in authorizing the R eferrer to act as my Authorized Representative. However, I/We still wish to authorize as submitted vide my/ our above request and I/We therefore request you to register the same in your records.

I/We hereby confirm and declare that my/our relation with the Authorized Representative as mentioned above is true and correct.

I/We hereby agree, ratify and confirm all acts, deeds and things of whatsoever nature done by my/our Authorized Representative by virtue of this authority.

Accepted by the Authorized Representative:-

I hereby confirm the authority vested upon me by (name of the client) and agree to take all action in good faith of the client.

S	Cá
X	X

Client Signature

Specimen Signature of Authorized Representative

Authorized Representative's

signed across X

Please affix photo of Authorized Representative duly signed across

*strike off whichever is not applicable.

•As a proof of identification & address of the aforementioned Authorized representatives, I/we hereby enclose certified true copy of the following:

- PAN card of the Authorized representative containing photo and signature (PANCARD ONLY). If signature on PAN is not clear, than alternate signature proof to be provided along with PAN
- Address Proof (Passport/Driving License/Voters ID card