

POWER OF ATTORNEY FOR OPERATING BENEFICIARY ACCOUNT
(To be executed on Rs. 100/- Stamp Paper)

KNOW ALL MEN by these presents that I/We known by the name and style of -----
---(and consisting of the persons where name and relationship with me are indicated in the attached sheet,
which shall form the part of this power of attorney)
S/oSh _____ residing at _____
_____ hereby constitute and appoint
my/our _____ (relationship)
Sh. _____ S/oSh. _____ R/
o _____ as our
true and lawful attorney (hereinafter called "attorney") to operate my/our depository beneficiary account
number _____ in the name and style
of _____ with M/s. Globe Capital Market Ltd. Having its office at 804
Ansal Bhawan, K G Marg, Delhi- 110001.(hereafter called a depository participant) and on our behalf, inter
alia to do the following acts and deeds viz.

1. To sign all instructions (debit or credit) and forms relevant to the operations of the said Beneficiary account.
2. To close the above mentioned depository account as and when required after paying the dues standing in the debit of my above account
3. Generally to execute and perform all acts, things and deeds, which the attorney shall consider fit and proper as fully and effectively as We/I could do notwithstanding that no express power or authority in that behalf is hereunder provided.
4. To sell or otherwise deal with or dispose off and to purchase, subscribe or otherwise acquire in any manner from the market or under public or right issue or otherwise and accept the transfers of any stock, funds, shares, debentures, government securities, bonds, debentures, annuities or other mercantile negotiable instruments which shall or may at any time belong to me or which hereafter be transferred to me, whether solely or jointly and whether in my own right or having any other interest of whatsoever including those belonging to others with my name and for such purposes to sign, execute or endorse all instruments of transfer and other documents for any purpose whatsoever by the virtue of these presents.

I/We do hereby agree that all act, deeds and things lawfully done executed and performed by the said attorney shall be constructed as acts and things done, executed and performed by me/us and I/We undertake to ratify and confirm all and whatever the said attorney shall lawfully do or cause to be done by us/me by virtue of the powers hereby given and that this power of attorney shall not be revoked, cancelled, altered or modified without giving 30 days notice to the depository participant.

IN WITNESS WHEREOF this general power of attorney is hereby signed and executed by _____ on ___ day of _____ at _____.

WITNESS

EXECUTANT

1. Sign: - _____
Name:- _____
Address: - _____

Sign: - _____
Name: - _____
Address: - _____

2. Sign: - _____
Name: - _____
Address: - _____

Signed and delivered by within
named before me

(Notary)

Accepted by _____ (POA Holder)
Name: - _____
Address: - _____