

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account opening Form -02.

Application No

Date (DDMMYYYY)

| | | | | | | | | | | | |
|---|---------------------------------|--|--|--|--|--|--|--|--|--|---------------------|
| Name of CDBL Participant (Up to 99 Characters) | Anwar Securities Limited | | | | | | | | | | CDBL Participant ID |
| | | | | | | | | | | | 2 2 0 0 0 |
| Account holder's BO ID | 1 2 0 2 2 0 0 0 | | | | | | | | | | |
| Name of Account Holder (Insert full name starting with Title i.e. Mr. /Mrs. /Ms / Dr, abbreviate only if over 30 charactrs) | | | | | | | | | | | |
| | | | | | | | | | | | |

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|---|--|--|--|--|--|--|--|--|--|--|--|
| Power of Attorney Holder's Details | | | | | | | | | | | |
| Name in Full | | | | | | | | | | | |
| Short Name of Power of Attorney Holder (Insert full name starting with Title i.e. Mr. /Mrs. / Ms / Dr. abbreviate only if over 30 charactrs) | | | | | | | | | | | |
| Title i.e. Mr. / Mrs. | | | | | | | | | | | |
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|--|-----------------|------------------------|---------------|-----------------|--|--|--|--|--|--|--|
| 1. Power of Attorney Holder's Contact Details : | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | Post Code | State / Division | Country | Telephone | | | | | | | |
| Mobile Phone | Fax | E-mail | | | | | | | | | |
| | | | | | | | | | | | |

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|---|--|--|--|--|--|--|--|--|--|--|--|
| 2. Power of Attorney Holder's Passport Details : | | | | | | | | | | | |
| Passport No | | | | | | | | | | | |
| Issue Place | | | | | | | | | | | |
| Issue Date | | | | | | | | | | | |
| Expiry Date | | | | | | | | | | | |
| | | | | | | | | | | | |

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|--|--|--|--|--|--|--|--|--|--|--|--|
| 3. Others Information of Power of attorney Holder | | | | | | | | | | | |
| Residency : Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality | | | | | | | | | | | |
| Date of Birth (DDMMYYYY) <input type="checkbox"/> | | | | | | | | | | | |
| Power of Attorney Effective From <input type="checkbox"/> | | | | | | To <input type="checkbox"/> | | | | | |
| D D M M Y Y Y Y | | | | | | | | | | | |
| Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.) : | | | | | | | | | | | |
| | | | | | | | | | | | |

4. Photograph of Power of Attorney Holder

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|--|---|
| | <p>Please paste recent passport size photograph</p> |
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(POA Holder)

5. DECLARATION

The rules and regulations of the Depository and CDBL participant pertaining to an account which are in force now have been read by me/us and I/We have understood the same and I/We agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

| Applicants | Name of applicants / Authorized signatories in case of Ltd. co. | Signature with date |
|---------------------------------|---|---------------------|
| POA Holder | | |
| First Applicant | | |
| Second Applicant | | |
| 3rd signatory (Ltd Co. only) | | |