

**Authorisation for Placing of Order**  
(Only for Individuals and HUFs)

Date: \_\_\_\_\_

To,  
**SHCIL Services Ltd.,**  
SHCIL House,  
P-51, T.T.C. Industrial Area, MIDC,  
Mahape, Navi Mumbai - 400 710.

**Ref: UCC** \_\_\_\_\_

Dear Sirs,

I, \_\_\_\_\_ hereby authorise Mr./Ms. \_\_\_\_\_ (hereinafter referred to as 'Authorised Person') to place orders for purchase and sell of securities on my behalf in above mentioned trading account. You are hereby requested to accept and honor instructions, in this regard, issued by the Authorised Person on my behalf.

I hereby acknowledge that I am fully aware and understand the risk of misuse and/or unauthorised use by third party. I hereby accept full responsibility and undertake to reimburse all costs, charges, damages and expenses arising out of any instructions issued by the Authorised Person and/or any third party.

The aforesaid authorization is valid only for the purpose of issuing instructions for purchase and sell of securities on my behalf.

I am fully aware and understand that this authority shall continue in force until I expressly revoke it by issuing notice in writing.

Specimen Signature of the Authorised Person \_\_\_\_\_  
Name of Authorised Person \_\_\_\_\_  
Address of the Authorised Person \_\_\_\_\_

Relation of Authorised Person with Client \_\_\_\_\_  
PAN of Authorised Person (Enclose a copy) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender (Male/Female) \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Signature of the Client: \_\_\_\_\_  
Name of the Client: \_\_\_\_\_  
UCC: \_\_\_\_\_

In the presence of:

**Witness 1: Witness 2:**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note:

- All the fields are to be filled. No fields should be left blank.
- Both Client and Authorised Person shall sign on copy of PAN card of Authorised Person.
- Duly stamped and executed authorization shall be submitted to the SHCIL branch.