

**FORMAT FOR INCLUSION OF NEW NOMINEE UNDER
CORPORATE ASSOCIATESHIP**

1	Name of the Company	
2	Corporate Account No.	
3	Nomination in Place of	
4	<u>Details of New Nominee along with 2 photographs</u> 1. Name	
	2. Designation	
	3. Age / Date of Birth	
	4. How long working in the Company	
	5. Please confirm whether the nominee is a full time Director/Executive of the Company.	
	6. Address for sending Monthly bills/Correspondence	
5	Mobile/Phone/Fax/Email ID	
6	Please furnish a Short Profile of the new nominee	
<p>Certified that the particulars furnished as above are true to the best of our knowledge.</p> <p>Signature :</p> <p>Name :</p> <p>Designation & Company Seal :</p> <p>Attestation by the Statutory Auditors :</p>		