CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF M/S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LTD AND HAVING ITS REGISTRERED OFFICE AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HELD ON \_\_\_\_\_\_\_ DAY\_\_\_\_\_\_\_OF \_\_\_\_\_\_\_\_20\_\_\_\_\_ AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“RESOLVED THAT

1. An account of the company, be opened in the name and style of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having its registered office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with KUNVARJI FINSTOCK PVT. LTD., AHMEDABAD a Repository Participant (RP) of CDSL Commodity Repository Ltd.
2. The said RP be and hereby authorized to honour all instructions regarding transfer, pay in, pay out of commodities, dematerialization / rematerialization of ware house receipts and other order made on behalf of the company by following authorised signatories of the company jointly or severally and to act upon any instruction so given relating to the said account whose specimen signatures are appended hereunder;

|  |  |  |
| --- | --- | --- |
| Sr No | Name & Designation of the Authorised Signatory | Signature with Stamp |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

1. Any one of the aforesaid authorised signatories of the company, be and hereby jointly or severally authorised to make an application for opening of the said account and to do all other formalities that are necessary for opening the said demat account.
2. Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the Director / Managing Director), Director of the company, be and is hereby authorised to send the copy this resolution as certified true copy of to the aforesaid DP for their information, records and necessary actions.

CERTIFIED TRUE COPY

For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pvt. Ltd. / Ltd.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature with Co’s stamp)

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

Place: \_\_\_\_\_\_\_\_\_\_\_