

TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
 _____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

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| |
| Rubber Stamp of the DDO/POP-SP/NL-CC |

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| |
| Signature of the Authorised Person |

DDO/POP-SP/NL-CC Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

DDO/POP-SP/NL-CC Office Name : _____

Date

| | | | | | | | | | |
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| d | d | / | m | m | / | y | y | y | y |
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TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
 (Allotted by CRA): _____

Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

Signature of the Authorised Person