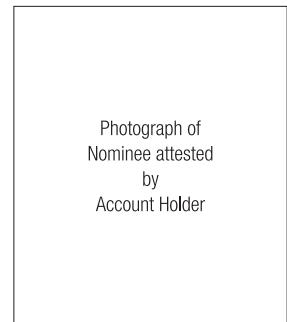


NOMINEE FORM

Date:

Chief Operating Officer
EBL Securities Ltd.



Account Number:
Held with: EBL Securities Limited

I/We (Full name) have given my/our authority

to 1) Relationship Percentage of Benefit

2) Relationship Percentage of Benefit

(hereinafter called "the Nominee") of

(a) That in the event of my/our death or incapability, the Nominee shall receive/draw the amount and shares after adjustment of all liabilities (if any) held by you in my/our account.

(b) That in the event, the nominee who is authorized, remains a minor at the time of my/our death or incapability is authorized to receive/draw the amount & share held by you in my/our account.

(c) I/We hereby declare that everything done by you in pursuance of this authority shall be binding upon me/us until receive notice from me/us in writing to the contrary. Furthermore, I/We hereby declare that everything done by you in pursuance of this authority shall be binding on my/our heirs, executors and administrators and all other persons claiming through or under me/us.

Signature of the EXECUTANT:

1. Signature:
Name & Address :

2. Signature:
Name & Address:

Signature of the NOMINEE:

1. Signature:
Name & Address:

2. Signature:
Name & Address:

Signature of the guardian (If Nominee is a Minor)

Signature:
Name & Address:

Signature of the WITNESS:

1. Signature:
Name & Address:

2. Signature:
Name & Address:

Nominee 2

Name in Full

Short Name of Nominee (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) Title i.e. Mr. / Mrs.

Relationship with A/C Holder: Percentage (%)

Address

City: Post Code: State / Division: Country:..... Telephone:

Mobile Phone: Fax: E-mail:

Passport No: Issue Place: Issue Date: Expiry Date:

Residency: Resident Non Resident Nationality..... Date Of Birth: [d d m m y y y y]

Guardian's Details (if Nominee is a Minor)

Name in Full:

Short Name (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)

Relationship with Nominee: Date of Birth of Minor: [d d m m y y y y] Maturity Date of Minor: [d d m m y y y y]

Address:

City: Post Code: State / Division: Country:..... Telephone:

Mobile Phone: Fax: E-mail:

Passport No: Issue Place: Issue Date: Expiry Date:

Residency: Resident Non Resident Nationality..... Date Of Birth: [d d m m y y y y]

2. Photograph of Nominees / Heirs

Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
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Nominee / Heir 1
Nominee / Heir 2
Guardian 1
Guardian 2

	Name	Signature
Nominee / Heir 1		
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		