Date:

This is to certify that

(Applicant name)is well known to us for a period of (no. of years known) yrs/months.He/Sheis seen to have fair knowledge of dealings in Capital Market operations.

He/Shehas got a sound financial background and has been sincere inhis/herdealings withclients.

We therefore recommend the application of (Applicant name)for registration as an AuthorisedPerson.

For**(Trade Name/Individual name of the CA/Lawyer/Notary)**

**Name of the Individual/Propritor/Partner of CA/Lawyer**

**Chartered Accountant/Advocate/Notary Public**

**Membership No./Registration No**