## Form No. SH-13

## **Nomination Form**

 $\textbf{Address of the Company:}\ 559/4, D\ Block, 4th\ Floor, Hanudev\ Info\ Park, Nava\ India\ Road,\ Coimbatore\ -\ 641\ 028$ 

To,

Name of the Company: Precot Limited

## Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies (Share Capital and Debentures) Rules 2014] Date:

| Nature of Securit                        |                         | n respect of which nomina  No. of Securities* | Certificate No.     |               | Distinctive No(s)<br>( From – To ) |                 |           |            |   |
|--|-------------------------|---|---------------------|---------------|------------------------------------|-----------------|-----------|------------|---|
|  |                         | No. or securities                             |                     |               |                                    |                 |           |            |   |
| Tick ✓ as relevan  Equity / Debs/  Bonds | t                       |   |                     |               |                                    |                 |           |            |   |
| (2) PARTICULARS                          | <u> </u>                | Jse photocopies of this blank no              | mination form in ca | se of addit   | ional Multiple Nomi                | nations         | in the sa | me folio ] |   |
| Name of Nomine                           |                         |   |                     |               | -                                  |                 |           |            |   |
| Address of Nomin                         | nee                     |   |                     |               | Date of Birth                      | {               | -         | -          | } |
| Father's/Mother'<br>Spouse's name        | s/                      |   |                     |               | Occupation                         |                 |           |            |   |
| Relationship with the security holde     |                         |   |                     |               | Nationality                        |                 |           |            |   |
| E-mail_id                                |                         | Mobile No                                     |                     |               |                                    |                 |           |            |   |
| (3) IN CASE NOMIN                        | IEE IS A MINOR —        |   |                     |               |                                    |                 |           |            |   |
| Name of<br>Guardian                      |                         |   |                     |               | Date of Birth                      | {               | -         | -          | } |
| Address of<br>Guardian                   |                         |   |                     |               | Date of attaining majority         | {               | -         | -          | } |
| Signature(s) as per Spe                  | cimen recorded with the | Company.                                      |                     |               |                                    | i               |           |            |   |
| First Holder                             |                         | Joint Holder                                  | r-1                 | Joint         | Holder -2                          | Joint Holder -3 |           |            |   |
| Signature                                |                         |   |                     |               |                                    |                 |           |            |   |
| Name                                     |                         |   |                     |               |                                    |                 |           |            |   |
| Witness Details:                         |                         | I   | <u> </u>            |               |                                    |                 |           |            |   |
| Name of Witness                          |                         |   |                     |               |                                    |                 |           |            |   |
| Address of Witne                         | ss ————                 |   | Pin:                | _   Sigi<br>_ | Signature                          |                 |           |            |   |
|  |                         |   |                     |               | Date                               |                 |           |            |   |