



POLICY SCHEDULE FOR STOCK BROKER INDEMNITY INSURANCE

Insured's Name	: M/S. OSWAL SHARES & SECURITIES LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: PO10191831	Office Code	: LCBO II,MUMBAI (990000)
Address	: 605, SAKAR - I, OPP : NEHRU BRIDGE, ASHRAM ROAD, DIST. : AHMADABAD GUJARAT, 380009	Address	: NEW INDIA CENTRE,GROUND FLOOR,17-A,COOPERAGE ROAD ,400039
Phone No	:	Phone No	: 02222020714
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
Policy Number	: 99000036162200000092	Business Source Code	
Period of Insurance	: From: 12/08/2016 12:00:01 AM To: 11/08/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	: BLEND INSURANCE BROKER PVT. LTD (BR00000054) 112700 BLEND INSURANCE BROKERS (SI00062360)
Date of Proposal	: 12-Aug-16	Agent/Bancassurance	:
Prev. Policy no.	: 11270036152200000267	Phone No	: NA / NA
Client Type	: Corporate	E-mail/Fax	: /

Premium(₹)	Service Tax(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
7000	1050	8050	RUPEES EIGHT THOUSAND FIFTY ONLY	9900008116000000140 1 - 16/08/16

Details of Risks Covered Under Policy:

Type of Exchange	SEBI Regd No of Exchange	Exchange Regd No	No of Exchange Branches	Basic Sum Insured	Excess
NSE & BSE	INB 231063133 & INB 011063139	NSE CODE NO.10631 & BSE CODE NO. 3058	0-10	5 lakhs	25000

Special Conditions

RETROACTIVE DATE : 12/08/2016,NO BRANCH COVER,NO ADD-ON COVER, COVERAGE-TERMS, CONDITION, COVERAGE, EXCLUSION AND CLAIM PROCEDURE AS PER BROKERS INDEMNITY INSURANCE POLICY CLAUSES ATTACHED. (NSE/BSE/INDMN/CLS/16) POLICY IS ISSUED WITHOUT ERROR OMISSION WITH AN EXCESS OF ₹50,000/-OVER AND ABOVE COMPULSORY EXCESS OF 5% OF THE CLAIM AMT SUB TO MIN OF ₹25,000/-FOR EACH AND EVERY CLAIM.JURISDICTION : INDIA ONLY.FLOATER POL NSE&BSE S.I.500000/-

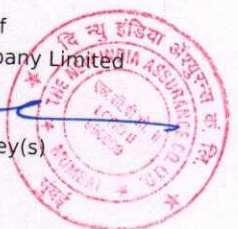
The Policy shall be subject to STOCK BROKER INDEMNITY INSURANCE Policy clauses attached herewith.

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 16th day of August,2016.

Mudrank-2004/4125/C.R. 690/M - 1dt. 31.12.2014
Consolidated Stamp Fees Paid By GRAS GRN NO.
MH000468301201416M vide GRAS OFFICE NO.
0000340750201415 dt. 8/5/2014 And The Stamp
Duty Under This Policy is Rs. 11

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)



Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____



ADJUSTMENT VOUCHER

Issuing Office : LCBO II, MUMBAI (990000)
 Address : NEW INDIA CENTRE, GROUND FLOOR, 17-A, COOPERAGE ROAD
 ,400039
 MUMBAI
 Phone : 02222020714
 Email :
 Fax :
 Collection Number : 99000081160000001401
 Collection Date : 16/08/2016
 Business Source Code : BR00000054

Received with thanks from M/S OSWAL SHARES AND SECURITIES LTD.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
99000036162200000092	Scroll-990000	6843.00	5081.990000	
99000036162200000092	Scroll-990000	1207.00	5081.990000	

Total = ₹ 8050.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Scroll	6843.00	906035	08-AUG-16	HDFC BANK	GUJRAT	9900001610001379	0.00
Scroll	1207.00	N.A.	N.A.	N.A.	N.A.	9900001610001379	0.00

Total = ₹ 8050.00

Utilization details of the Collected Amount :

Premium	Service Tax	Stamp Duty	Excess Amount
7000.00	1050.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	BLEND INSURANCE BROKER PVT. LTD	36

For The New India Assurance Company Limited

Date of Issue: 16/08/2016

Cashier's Initial

Authorized Signatory



NIA S.T.REGN No: AAACN4165CST178.

Note -

1. Please quote the Policy Number, Collection Number and date in all future correspondence. .