

SCHEDULE 'A' REFERRED TO ABOVE

I the Agent under this agreement hereby nominate the person(s) mentioned below, who shall on my death, become entitled to any amount due and payable to me by way of commission in terms of this Agreement to the exclusion of all other persons.

Sl.No.	Name of the nominee(s)	Full address	Date of birth of nominee, if minor
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2. As the nominee(s) at Serial No(s) above, is / are minors I appoint the following person (s) to receive the aforesaid amount in the event of my death during the minority of the nominee(s)

Name of Nominee(s)	Name and address of person appointed
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Place :
Date :

Signature
(Name of Agent in full)
C.A. No. and address

Witnesses :-

(1) Signature with date.....
Name in full.....
Address.....

Accepted

(2) Signature with date.....
Name in full.....
Address.....

Signature of Appointing Authority
(Name and Designation Stamp)