

Annexure

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To	Date	D	D	M	M	Y	Y	Y	Y
SRI SHIRDI SECURITIES PRIVATE LIMITED 27-20-40 1 ST FLOOR MUSEUM ROAD GOVERNORPET VIJAYAWADA -520 002.									
DP ID	I	N							
Client ID									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I/We hereby inform you that I/we wish to add/delete the beneficiary accounts details below for execution of off-market transfers including inter-depository transfers.									
<input type="checkbox"/> Add	Beneficiary DP ID								
	Beneficiary Client ID								
<input type="checkbox"/> Delete	PAN of the First Holder								
<input type="checkbox"/> Add	Beneficiary DP ID								
	Beneficiary Client ID								
<input type="checkbox"/> Delete	PAN of the First Holder								
<input type="checkbox"/> Add	Beneficiary DP ID								
	Beneficiary Client ID								
<input type="checkbox"/> Delete	PAN of the First Holder								
1. _____ 2. _____ 3. _____ <p align="center">Authorised Signatory (ies)</p>									

Participant Authorisation

Name:
Signature:

Participant's Stamp & Date