Purva Sharegistry (India) Pvt. Ltd.

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

Purva Sharegistry (India) Pvt. Ltd.
Address: Unit no. 9, Shiv Shakti Ind. Estt,
J.R. Boricha Marg, Lower Parel (E), Mumbai -400011

DP ID	**I**	**N**	**3**	**0**	**4**	**9**	**9**	**0**
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.

☐ Add ☐ Delete	Beneficiary DP ID									
	Beneficiary Client ID									
	PAN of the First Holder									
☐ Add ☐ Delete	Beneficiary DP ID									
	Beneficiary Client ID									
	PAN of the First Holder									
☐ Add ☐ Delete	Beneficiary DP ID									
	Beneficiary Client ID									
	PAN of the First Holder									

1._____ 2._____ 3_____

Authorised Signatory (ies)

Participant Authorisation

Name: _____

Signature: **Participant's Stamp & Date**