

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

| | | | | | | | | | | |
|--|-------------------------|------|---|---|---|---|---|---|---|---|
| Shri Parasram Holdings Pvt. Ltd. SPH House, B-7 Nimri Shopping Centre, Bharat Nagar, Delhi-110052 DP ID: IN302365 | | Date | D | D | M | M | Y | Y | Y | Y |
| 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. _____ Authorised Signatory (ies) | | | | | | | | | | |

Participant Authorisation

Name:

Signature:

Participant's Stamp & Date
