

Account Details Addition / Modification / Deletion Request Form

DAILY GONG FINANCIAL SERVICES LIMITED

Registered	Office: Ir								3, 5 th dp@is				-30	, Vas	shi, N	Navi	i Mu	mba	ai-40	00 7	'03		
Application No.	olication No.								Date D I			D	D M M				1 Y Y				Υ		Ý
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Account Holder's	Details																			_		_	
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Name of Third Hold																						_	
I/We requestI/We request you	t to carry	out t	he ch	nange	of ac	ddress	s / sig	ınatur	e in th	e Kl	RA an	d de	ema	t acc	coun	<u>t</u>					∃CCOL	<u>int</u>	
DETAILS (Please specify change of correspondence /permanent address, bank details, telephone number, sub-status etc.)			Addition / Modification / Deletion (Please specify)					Existing Details						New Details									
Attach an Annexur	re (with si	ignatı	ure(s)) if th	ne spa	ace al	oove i	is four	nd insi	uffic	ient.												
	First/				er		Second Holder									Th	ird	Но	lder	r			
Name																							
Signature																							
Received Account Application No. DP ID						Ackn	nowle	edger s requ	ment est as Date	Řec	eipt detai						Y	== 	Y	 :==	Y		Y
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Name of Second j Name of Third joi					+																		_
Modification reque [Specify reason]																							

Depository Participant Seal and Signature