

### 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 |
| <b>Shriram Financial Services Private Limited</b><br>Rukmini Towers, 3rd Floor, #3/1, Platform Road,<br>Bangalore -560020                                                                                                                                                                                                                                                                                                             |                         |                                         |  |                                          |   |                                          |   |   |   |   |   |
| DP ID NSDL / CDSL                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | <input type="checkbox"/> IN 3 0 3 0 7 7 |  | <input type="checkbox"/> 1 2 0 6 2 9 0 0 |   | <input type="checkbox"/> 1 2 0 3 1 5 0 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.                                                                                                                                                                                                                                                                |                         |                                         |  |                                          |   |                                          |   |   |   |   |   |
| <input type="checkbox"/> Add<br><br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                   | Beneficiary DP ID       |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | Beneficiary Client ID   |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAN of the First Holder |                                         |  |                                          |   |                                          |   |   |   |   |   |
| <input type="checkbox"/> Add<br><br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                   | Beneficiary DP ID       |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | Beneficiary Client ID   |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAN of the First Holder |                                         |  |                                          |   |                                          |   |   |   |   |   |
| <input type="checkbox"/> Add<br><br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                   | Beneficiary DP ID       |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | Beneficiary Client ID   |                                         |  |                                          |   |                                          |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAN of the First Holder |                                         |  |                                          |   |                                          |   |   |   |   |   |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <b>1.</b> _____<br/>         First Holder signature       </div> <div style="text-align: center;"> <b>2.</b> _____<br/>         Second Holder signature<br/> <b>Authorised Signatory (ies)</b> </div> <div style="text-align: center;"> <b>3.</b> _____<br/>         Third Holder signature       </div> </div> |                         |                                         |  |                                          |   |                                          |   |   |   |   |   |

Participant Authorisation

Name:  
Signature:

**Participant's Stamp & Date**