

Brokerage Modification Request Form

Date of Request:	
Client Code/Application No:	
Client Name:	
Branch/AP/SB Name:	
Request RM/AP/SB Name:	
Designation:	
Reason for Revision:	
Approved By:	

* Approving hierarchy is to be followed for lower slabs else the same will not be processed

Segment	Existing Rate		Revised Approved Rates *	
	In %	Min Paisa	In %	Min Paisa
Cash Delivery				
Cash Jobbing				
Futures				
Options				
Currency Futures				
Currency Options				
MFSS				
Offer for Sale				
Commodities Segment				
Futures Jobbing				
Futures Delivery				
NSEL Delivery				

For Head office use only:

Entered By:	Authorised By:
Date:	Date:

Request Letter for Brokerage Structure Modification.

To:

M/S Shriram Financial Services Private Limited.

Rukmini Towers, 3rd & 4th Floor,
3/1, Platform Road, Sheshadripuram,
Bangalore – 560020



Dear Sir/Mam,

REF: Client / Trading Account No: _____

I/We, having the above referred Trading Account allotted to me/us based on duly filled and signed Client Registration Form along with the relevant KYC supporting documents provided by me/us at the time of Opening the Trading Account. Here i request you to “Change” the existing brokerage structure for my trading account. Following would be the brokerage structure for transacting in the above segment as signed by me:

Segment	Existing Rate		Revised Approved Rates *	
	In %	Min Paisa	In %	Min Paisa
Cash Delivery				
Cash Jobbing				
Futures				
Options				
Currency Futures				
Currency Options				
Commodities Segment				
Futures Jobbing				
Futures Delivery				
				

To Be filled by Branch/ Head office Use :-

Branch Stamp	Particulars of Employee accepting the Request		For H.O use only
	Name		Entered By:
	Emp ID		
	Designation		Verified By:
	Signature		