

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
Shriram Financial Services Private Limited Rukmini Towers, 3rd Floor, #3/1, Platform Road, Bangalore -560020											
DP ID NSDL / CDSL		☐ IN 3 0 3 0 7 7		☐ 1 2 0 6 2 9 0 0		☐ 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.											
☐ 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. _____ First Holder signature 2. _____ Second Holder signature Authorised Signatory (ies) 3. _____ Third Holder signature											

Participant Authorisation

Name:
Signature:

Participant's Stamp & Date