

CONFIRMATION/REMOVAL OF AUTHORIZED SIGNATORIES OF DEPOSITORY PARTICIPANTS

CDS Participant Name:.....

Participant Code:.....

We hereby request the CDS to note the following changes to our authorized signatories pertaining to CDS Documentation.

Appointments

Name	Designation	Effective Date	Specimen of Signature		Category of Documents	(v)
			Long Signature	Short Signature		
					Account Openings	
					Intra Transfers	
					Deposits/Withdrawals*	
					CDS E-Service Forms	
					Master File Changes	
					Offers/Repurchases*	
					Other:.....	
					Account Openings	
					Intra Transfers	
					Deposits/Withdrawals*	
					CDS E-Service Forms	
					Master File Changes	
					Offers/Repurchases*	
					Other:.....	
					Account Openings	
					Intra Transfers	
					Deposits/Withdrawals*	
					CDS E-Service Forms	
					Master File Changes	
					Offers/Repurchases*	
					Other:.....	

Removals/Resignations

Removals/Resignations must be notified in writing within three working days and signatures remain valid until CDS confirms receipt of Removals/Resignations.

Name	Designation	Effective Date

We hereby certify that the above-mentioned individuals are duly authorized to sign documents/a category of documents on behalf of us and such authority remains valid until revoked and notified to CDS in writing. We hereby confirm that the information given above are true and correct and the CDS shall be absolved from any liability for loss/damage occurred due to any incorrect/false/outdated information provided by us.

.....
**Signature of Chief Executive Officer of Stockbroker Firm/Head of Custodian Bank*
& The Stamp of the Participant**

.....
Date

*. Delete Accordingly