

CDS Participant Name:..... Participant Code:.....

We hereby request the CDS to remove the CDS system access, as specified below.

User name provided by the CDS at the time of registration:

e-Mail Address provided to the CDS at the time of registration:

## Instructions for removal of user access

[Please insert a tick ( $\sqrt{}$ ) in the relevant boxes according to the access type which should be removed from the user]

Required Access Level	
CDS Digital Front Desk	
Millennium Depository System	
Viewing of Security Balances	
Decentralized Account Openings	
Entry	
Authorization	
Intra-Transfers	
Entry	
Incoming Authorization	
Outgoing Authorization	
Master File Changes (pls refer Terms & Conditions)	 Removal Effective Date
Entry	
Authorization	
Online Account – Broker Portal	
Verification	
Authorization	

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 information provided by us.

**CEO/Compliance Officer** 

..... Name

Signature

Date