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Date:											
Name of	the client										
Address											
Depository Account No.: (DP Id & Client Id)											
Dear Sir.	Madam,										
	owledge your request to no for the purpose of receiving .			-	-			-			
reasons i	e that if any securities are meluding but not limited to ities to you. The details of o	an err	or or	fraud,	we un	dertal				•	
	CM-BP-Id	I	N								
Yours fa	ithfully,										
(Authori	sed Signatories)										
To be sig	ened by the Clearing Memb	er									
	eby nominate the above access can be credited from my/o				-						

To be signed by the Client

(Authorised Signatories)