Letter to modify / delete instruction slip

10,	
The Depository Participant I	Name
Address	

			Date	D	D	M	M	Υ	Y	Υ	Υ
DDID	 	Client ID							_	- 1	
DP ID		Client ID									
First Holder Name											

I/We request you to modify / delete the on-market (BO confirmation) / auto pay-in instruction. The details are as given below $-\,$

Settlement ID	CM ID	ISIN	Security Name	Qty (in figures)

	First/Sole Holder	Second Holder	Third Holder
Name		*	
Signature			

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Acknowledgement Receipt

Received Instruction to modify / delete the on-market (BO confirmation) / auto pay-in instruction:

DP ID		Client ID				
Name of the Sole / First Holder						
Name of Second joint Holder						
Name of Third joint Holder		*			14	

Depository Participant Seal and Signature