Demat Request Form

PS: To be filled in duplicate.

ZUARI FINSERV PRIVATE LIMITED (DPId: IN301055)

Regd. Office: Jaikisaan Bhawan, Zuarinagar, Goa 403 726 (India)

Corporate Office: Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extn. New Delhi 110048

Phone: 011-46474000. Fax: 011-41608276. Customer Care: 1800 123 1212 Web: www.zuarimoney.com Email: wecare@adventz.zuarimoney.com

DRN :		Date :				(Both fields to be filled by the DP)							
I/We request you to	demateria	lise the	enclos	ed certific	ate/s into	my/our acc	ount as p	er the det	tails give	n below:			
Client Id													
Sole/ First Holder Na	ame												
Second Holder Nam	e												
Third Holder Name													
Company Name													
Type of Security			Equity Shares / Bonds / Debentures										
Quantity to be dematerialised		In words											
						In figures							
Face Value													
ISIN (To be filled in by the		<u> </u>	N	1	1						1	1	
DP)		Ι'	IN										
DFJ					Details of	securities							
			Fre			d-in Securit	ies (Pls tic	ck)					
Folio No.	Certific				es / Eoche		•	tive Nos			Quanti	tv	
	From			To		From			То			-,	
	-												
Total No. of			ı			L				l I			
Certificates													
Locked-in				Lock-in i					ate	D	DMMYYY	Υ	
securities details													
Please See (PS)	In case the space is found to be insufficient, an annexure containing the certificate details in the same								e				
	nay be attached												
	Please u	se separ	rate foi	m for free	securities	s and lock-ir	n securitie	s.					
				Dec	laration b	y Custome	r/s						
I/we hereby declare	that the	above i	mentic	ned secur	ities are i	registered i	n my/our	name. T	he origi	nal certifi	cates are	hereby	
surrendered by me													
dematialisastion are	free from	any lie	n or ch	arge of er	ncumbran	ce and repr	esents th	e bonafid	le securit	ies of the	company	y to the	
best of my/our know	/ledge and	l belief.											
						Signature/s		1					
Sole/First Holder			Second Ho					Third	Holder				
				D-	uticipant 1	\usbariasti							
We have received t	ho abous	montic	and se			Authorisation T		ation far	m is vo=	find with	the cortif	ficato(c)	
surrendered for der													
enclosed certificates				-								a iii tiie	
enciosed certificates	. It is certif	ilea tilat	. the m			Use Only	icricial y a	ccount w	itii us iii	the same	name(3)		
Branch Code					TOT OTHER	Branch N	ame						
Sr. No						2101101110							
Date													
Executive's Name													
Executive's Signatur	e												
Stamp & Date													
Tamp & Date													