

MODIFICATION IN DESIGNATED BANK ACCOUNT

Name : _____

Client Code : _____

Address : _____

Date: : _____ 20

SBICAP Securities Ltd.

'A' Wing, II Floor, Mafatlal Chambers,
Lower Parel, Mumbai - 400013.

Re: Modification in Designated Bank Account

Dear Sir/Madam,

I/We _____ refer to the Power of Attorney executed by me/us in favour of SBICAP Securities Limited for availing on-line trading facilities to invest and / or trade in shares and/or securities, make investments and enter in various transaction as mentioned the Member-Client Agreement.

I/We would like to modify our Designated Bank Account as mentioned in Schedule I of the said Power of Attorney executed by me/us as given below till further instructions. All other Clauses in the Power of Attorney executed by me/us will however remain unchanged.

I/We hereby agree and confirm that any action taken by SBICAP Securities Limited pursuant to the modification in the Power Of Attorney shall be binding on me/us and that I/we shall not hold SBICAP Securities Ltd. liable for anyaction taken pursuant to this modification in the Power Of Attorney earlier executed by me/us in favour of SBICAP Securities Limited.

Existing Bank Account Details:

- a) Account No. _____
b) Account Type: Saving/Current/Others _____
c) Maintained with branch _____
of _____

New Bank Account Details:

- a) Account No. _____
b) Account Type: Saving/Current/Others _____
c) Maintained with branch _____
of _____

Details of Account Holder(s)

First Holder Name _____

Second Holder Name _____

Third Holder Name _____

Details of Account Holder(s)

First Holder Name _____

Second Holder Name _____

Third Holder Name _____

BANKER'S VERIFICATION FORMAT FOR JOIN ACCOUNTS

Date : _____ 20

To
SBICAP Securities Ltd
Cuffe Parade
Mumbai 400 005

Dear Sir,

This is to certify that the Saving / Current a/c no. _____ of


Mr./Ms. _____ held jointly with
(Name of the First Holder)


Mr. / Ms. _____
(Name of the Second Holder)


Mr. / Ms. _____
(Name of the Third Holder)

(operated by Either or Survivor) with our branch has been active since _____ years _____ months and the operation of the account has been satisfactory.

We further confirm that the signatures of all the holders given below are as per our records.

 _____
(Signature of the First Holder Name)

 _____
(Signature of the Second Holder Name)

 _____
(Signature of the Third Holder Name)

Signed in my presence

Attested



Branch Manager
(with Bank Seal)