

Name of Third Joint Holder

## RLP Securities Private Limited DP: CDSL, DPID: 12043400

202, Nirmal Towers, Dwarakapuri Colony, Hyderabad – 500082. Phone No.s : 040-66755863 / 30603681 Fax : 66108495 Email : dp\_rlp@yahoo.com

		Annexure : 2.5												
Opti	on Form for Issue of Demat Instruction Slip (DIS) B						S) Bo							
								Date						
DDID				Cli ID	1					1	_	1		
DP ID First Holder Name				Client ID							<u> </u>			
Second Holder Name														
Third Holder Name														
To														
M/s. RLP Securities Pvt. Ltd., 202, Nirmal Towers, Dwarakapuri Colony, Punjagutta, Hyderabad – 500082. TELANGANA.														
Dear Sir / Madam,														
I / We state that : [Select one of the options given below]														
☐ <b>Option 1</b> :														
I/We require you to issue Delivery Instruction Slip(DIS) booklet to me / us immediately on opening my/our <u>CDSL</u> . Account though I/We have issued a Power of Attorney (POA) / executed PMS agreement in favour of /with <u>M/s. RLP Securities Pvt. Ltd.</u> , <u>Clearing Member</u> , for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member.  Yours faithfully														
	First / Sole I	Holder		Second J	oint H	older		Third	d Joir	nt Hol	der			
Name														
Signatures														
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OR  Option 2:														
I/We do not require the Delivery Instruction Slip(DIS) for the time being, since I / We have issued a POA agreement in favour of <u>M/s. RLP Securities Pvt. Ltd.</u> Clearing Member, for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.													or er.	
Yours faithfully				T										
	First/Sole H	older		Second J	oint H	lolder		Thire	d Joi	nt Hol	der			
Name														
Signatures														
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Acknowledgement Receip		`		,										
Received OPTION FORM	FOR ISSUE /	NON-IS	SSUE (		OKLI	ET fro	m :							
DP ID				Client ID						<u> </u>	<u> </u>			
Name of the Sole / First Ho														
Name of Second Joint Hold	ler													