# Annexure

Request for Addition/ deletion of beneficiary account details for execution of off-market transfer

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| To,<br>The Mehsana Urban Co. Op. Bank Ltd. (DP ID : **IN304166**)<br>Head Office, Highway, Mehsana 384002 Tel. (02762) 240551 | Date | D | D | M | M | Y | Y | Y | Y |
| | Client ID | | | | | | | | |

| | |
|---|---|
| Sole/ First Holder Name | |
| Second Holder Name | |
| Third Holder Name | |

I/We here by inform you that I/we wish to add/delete the beneficiary accounts details below for execution of off-market transfers including inter-depository transfers.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Add ☐ Delete | BENEFICIARY DP ID | | | | | | | | | |
| | BENEFICIARY CLIENT ID | | | | | | | | | |
| | PAN of the First Holder | | | | | | | | | |
| ☐ Add ☐ Delete | BENEFICIARY DP ID | | | | | | | | | |
| | BENEFICIARY CLIENT ID | | | | | | | | | |
| | PAN of the Second Holder | | | | | | | | | |
| ☐ Add ☐ Delete | BENEFICIARY DP ID | | | | | | | | | |
| | BENEFICIARY CLIENT ID | | | | | | | | | |
| | PAN of the Third Holder | | | | | | | | | |

x . .. .. . . . . .  . . . . . .  . . . . . .

(First Holder) (Second Holder) (Third Holder)

Participant Authorisation

Name :

Signature :

Participant's Stamp & Date

Received : Maker : Checker : Ref.