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# MODIFICA TION IN MODE OF OPERATION

(Only for Individual Demat accounts held jointly)

| Application No. | | Date | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|

Please fill all the details in Block Letters in English

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Common Client Code | | | | | | | | | | | | | | | | | |

**Account Holder's Details**

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

We request to make the following modifications / deletions to our account in your records:

| | | |
|---|---|---|
| ☐ Change in Mode of Operation<br>(Please tick any one of the below options) | | ☐ Opt-Out from "**Anyone of the holder or survivors(s)**" Mode of Operation |
| ☐ | **Jointly** | |
| ☐ | **Anyone of the holder or survivors(s)** | |

**Note: -**

- **Mode of operation applicable only for the below transactions. Remaining instructions should be signedby all holders of the demat account.**
  1. Transfer of securities including Inter-Depository Transfer.
  2. Pledge / Unpledge / Confiscation Margin repledge (Creation, closure and invocation and confirmation thereof as applicable).
  3. Freeze/ unfreeze of demat account and/ or the ISIN and / or specific number of securities.
- Opt-Out from "Anyone of the holder or survivors(s)" can be signed by ANY OF THE JOINT HOLDER.

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

✂.....Please tear here .....

Maker : Checker:

## Acknowledgment Receipt

Received Account Modification / Deletions request as per details given below

| Application No. | | Date | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| DP ID | | | | | | | | | Client ID | | | | | | | | |
| Common Client Code | | | | | | | | | | | | | | | | | |
| Name of the Sole / First Holder | | | | | | | | | | | | | | | | | |
| Name of Second Joint Holder | | | | | | | | | | | | | | | | | |
| Name of Third Joint Holder | | | | | | | | | | | | | | | | | |
| Modification requested for: | ☐ Change in Mode of Operation<br>☐ Opt-Out from "**Anyone of the holder or survivors(s)**" Mode of Operation | | | | | | | | | | | | | | | | |

Depository Participant Seal and Signature