

# GROWW INVEST TECH PRIVATE LIMITED

Corporate office: No 11, 80 feet Road, ST Bed, Kormangala 4th Block, Bangalore-560034 SEBI Registration Number: IN-DP-417-2019 | CDSL DP:12088700

OPTION FORM FOR ISSUE OF DIS BOOKLET

						Date	D	D	M	$\mathbb{M}$	Y	Y	Y	Y
DP ID						Client ID								
First Hol	der N	ame												
Second I	Holde	r Nam	ie											
Third Holder Name														

#### To, Depository Participant Name Address

Dear Sir / Madam,

I / We hereby state that:

[Select one of the options given below]

## OPTION 1:

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such <sup>\$</sup>Power of Attorney holder -Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

### Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

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## OPTION 2:

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

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### **Acknowledgement Receipt**

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID								Client ID				
Name of the Sole / First Holder												
Name of Second Joint Holder												
Name of Third Joint Holder												

**Depository Participant Seal and Signature**