



To,

CENTRUM FINVERSE LIMITED

Unit No 1-A, First Floor,
Central Plaza, 166 C.S.T Road
Kalina, Santacruz (E), Mumbai- 400098

Sub - Authority Letter for Hand over DIS Booklet for Demat Account Number – _____

Dear Sir / Madam,

We would request you to please hand over the Delivery Instruction slip (DIS) Booklet of my Demat Account Number _____ to my bearer of this letter to Mr _____.

First Holder Signature

Second Holder Signature

Third Holder Signature