

Format of Request  
[Please tick (√) wherever applicable]

To

**M/s Indbank Merchant Banking Services Ltd**

**Date:**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DP ID IN300597/IN300853/IN303093/ 13031900/12091300

First Floor, Khivraj Complex 1,

480 Anna Salai,

Nandanam

Chennai 600 035

DP ID		Client ID	
<b>Name of 1<sup>st</sup>holder</b>			
Mobile No. (1st Holder )	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		
Email Id. (1st Holder)	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		
<b>Name of 2<sup>nd</sup>holder</b>			
Mobile No. (2nd Holder )	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		
Email Id. (2nd Holder)	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		
<b>Name of 3<sup>rd</sup>holder</b>			
Mobile No. (3rd Holder )	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		
Email Id. (3rdHolder)	_____ Belongs to <input type="checkbox"/> Me / <input type="checkbox"/> My Family [ <input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents]		

I /we hereby declare that the mobile number and email ID provided by me/we are correct and accurate to the best of my knowledge. I take full responsibility for any discrepancies arising from incorrect information.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 Signature of the 1st holder    Signature of the 2nd holder    Signature of the 3<sup>rd</sup> holder