

SECURITIES DEPOSIT FORM (CSD 3)

Name Of Depository Participant:				
Client CSD Account No.:	Date:			
•••••••••••••••••••••••••••••••••••••••	(dd / mm / yy)			
Client Account Name:	••••••			
Particulars of Security				
Certificate Number Security Symbol / Identification	on No. Volume/Number of Shares			
Total Number of Certificates:	Total Number of Shares:			

Declaration

	er authority to deposit the above mentione	ed securities in the above		
mentioned Securities Account (b) I/We am/are the genuine holder(s) of the above mentioned securities				
Name:	Signature	Date//		
Name:	Signature	Date/		
	Initial_			
	Depository Participant Declaration:			
(1) to the best of our knit appears on the Account o(2) the person signing t	we have verified the above information an nowledge and information, the name of the pening form/screen and on the deposit for he deposit form has the proper authority evidence will be made available upon req	e securities account holders as rm refer to the same person. to do so and I/we agree that		
(Name/ Signature)	Date: (DD / MM/ YY)	Stamp:		
(Name/ Signature)	Date: (DD / MM/ YY)	Stamp:		

For Registrar's Use Only

(Name)	(Signature)	(Date)	Approve (Accept) Reject / Stamp:
(Name)	(Signature)	(Date)	
		E., D.,	Only (fotom all cost)
		For Depository	Only (Internal use)
Daviers d be			Amazarad bar
Reviewed by	y		Approved by
Signature	••••••		Signature
Date			Date
			Initial