

To: Solution Delivery Services
Collection Processing Centre
270 D. N. Road, Fort,
Mumbai 400 001.

Company's Name:

Address of Correspondence:

Platform:

Ø Straight2Bank

(Please indicate Group ID)

Action:

- A** : Amend User
- D** : Delete User
- R** : Reactivate / Reset Password
- G** : Regenerate Communication Diskette

Action (Pls specify)	User Name	User ID	E-mail Address

By signing below, we acknowledge that we are the authorised signatories of the Company and possess the appropriate executive powers to execute the above instruction as outlined in the Company's Articles and Memorandum of incorporation. The information provided herein is correct and true to the best of our knowledge and we endorse the instruction set forth in this form.

Authorized Signatory (Per Signing mandate)

Authorized Signatory (Per Signing mandate)

Name: _____ Name: _____

Date: _____ / _____ / _____

<p>For SCB Use Only</p> <p>Action on: ___/___/___ By: _____</p>

<p><u>Company Stamp</u></p>
