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

Company's Name:  
Address of Correspondence:  
Platform:

θ Straight2Bank  
(Please indicate Group ID)

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

<table>
<thead>
<tr>
<th>Action (Pls specify)</th>
<th>User Name</th>
<th>User ID</th>
<th>E-mail Address</th>
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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: ________ / ________ / ________  

For SCB Use Only  
Action on: ___/___ /____  By: ____________________  

Company Stamp