

## REQUISITION FORM / LETTER FOR NEW DELIVERY INSTRUCTION SLIP BOOK

To,

### Zerodha Broking Ltd

#153/154 4th Cross Dollars Colony  
Opp. Clarence Public School  
J.P Nagar 4th Phase, Bangalore - 560078

|             |   |   |   |   |   |   |   |  |
|-------------|---|---|---|---|---|---|---|--|
| Date :      |   |   |   |   |   |   |   |  |
| Trading ID: |   |   |   |   |   |   |   |  |
| DP ID:      | 1 | 2 | 0 | 8 | 1 | 6 | 0 |  |
| Client ID:  |   |   |   |   |   |   |   |  |

Dear Sir / Madam,

### Sub: Request for issuing new DIS Booklet

Please supply me/us with book/s of Delivery Instruction Slips for the Zerodha Client ID mentioned above according to the collection instructions below. I/We agree that the Delivery Instruction Slip book/s be dispatched by courier at my/our risk and consequence. I/We shall not hold Zerodha liable in any manner whatsoever in respect of such dispatch of the delivery instruction slip book/s to the following address

### Collection Instructions (if any)

|   |   |                           |  |
|---|---|---------------------------|--|
| <input type="checkbox"/> <b>Collected by hand</b>   | Please attach the Self Attested ID Proof.   |                           |  |
| <input type="checkbox"/> <b>Additional Booklet</b><br>(Not applicable for 1st time request) | <input type="checkbox"/> Not Required to cancel unused slips.   |                           |  |
|   | <input type="checkbox"/> Required to cancel unused slips/book from.....to.....<br><input type="checkbox"/> Lost <input type="checkbox"/> Misplaced <input type="checkbox"/> Others..... |                           |  |
| <input type="checkbox"/> <b>To Cancel DIS slips/book</b><br>(For cancellation purpose only) | <input type="checkbox"/> Unused DIS slips/book from.....to.....   |                           |  |
|   | <input type="checkbox"/> Lost <input type="checkbox"/> Misplaced <input type="checkbox"/> Others.....   |                           |  |
| <input type="checkbox"/> <b>By Authorized Representative</b>                                | Please inform Authorized representative to carry his/her identity proof with account holder signature/s while visiting the HO for collecting the booklet.                               | Signature                 |  |
|   |   | Name                      |  |
|   |   | Authorized Representative |  |
| <input type="checkbox"/> <b>Correspondence address</b>                                      | By default, it will sent at the communication address registered with Zerodha   |                           |  |

Yours Sincerely,

|           |              |               |              |
|-----------|--------------|---------------|--------------|
| Signature |              |               |              |
| Name      |              |               |              |
|           | First Holder | Second Holder | Third Holder |

### For Office Use

|   |                   |
|---|-------------------|
| <b>Serial Numbers of DIS Issued:</b>    |                   |
| <b>Name of Zerodha Staff:</b>           |                   |
| <b>Signature of the issuing person:</b> | <b>Issued On:</b> |

Please note the following with respect to the Issue of the Delivery Instruction Booklet.

1. Request for new DIS book/s has to be signed by all theholders.
2. Authorization to the Bearer should be avoided as a securitymeasure.
3. ID proof mandatory required for lost/misplace DIS Slip/Book.