sbicap securities
A Tradition of Trust

To,

SBICAP Securities Ltd.

12th Floor, "A & B " Wing, Marathon Futurex,

N. M. Joshi Marg, Lower Parel (E), Mumbai- 400013.

Client Name _____

Address _____

_____

_____

Submission Date: D D M M Y Y Y Y

Re: Electronic Communication From Companies / RTA

TO BE EFFECTED IN:	CDSL BOID ☐	NSDL BOID ☐
BO ID:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
Name of 1st Holder _____		
Name of 2nd Holder _____		
Name of 3rd Holder _____		

I/We would like to share the Email ID with the RTA. **(Tick the applicable box. if not marked the default option would be YES)**	☐ YES ☐ NO
I/We would like to receive the Annual Report. **(Tick the applicable box. if not marked the default option would be Electronic)**	☐ Physical ☐ Electronic

Name of 1st Holder	_____	FH
Name of 2nd Holder	_____	SH
Name of 3rd Holder	_____	TH

For Office Use Only		**Demat**
Scrutiny By Name EMP Code		
Data Entered By		
Verified By		
Reference No.		

BRANCH STAMP

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• For any Assistance you may kindly contact your nearest SSL Branch or
Dial Customer Care at our Toll Free: Private Telecom Users: 1800-209-9345 or write to us helpdesk@sbicapsec.com