

# ISF SECURITIES LTD.

Member : NSE (Capital, F&O and Currency Derivative Segment)

BSE (Capital and F&O Segment)

SEBI Regn. No.: INZ000211738

Depository Participant - CDSL

CDSL Regn. No. IN-DP-320-2017 • DP ID : 12073300



Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

Ph.: 011-43500300, E-mail : support@moneyisle.in

Web : www.moneyisle.in

## OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y
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DP ID	1	2	0	7	3	3	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,

### ISF SECURITIES LTD.

Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

Dear Sir / Madam,

I / We hereby state that :

[Select one of the options given below]

#### OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us on opening my / our CDSL account through I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with \_\_\_\_\_ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

OR

#### OPTION 2 :

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with \_\_\_\_\_ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later day.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

----- (Please Tear Here) -----

### Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID	1	2	0	7	3	3	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Joint Holder																	
Name of the Third Joint Holder																	

Depository Participant Seal and Signature