

# PRABHAT FINANCIAL SERVICES LTD

205, Navjeevan Complex, 29 Station Road, Jaipur 302006, Rajasthan

Annexure 2.5

## OPTION FORM FOR ISSUE OF DIS BOOKLET

Date									
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DP ID	1	2	0	3	1	4	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,  
**Prabhat Financial Services Ltd**  
**205, Navjeevan Complex**  
**29 Station Road, Jaipur 302006**  
**Rajasthan**

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 immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with \_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such \*Power of Attorney holder - Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

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) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with \_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

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

**Deository Participant Seal and Signature**