

Irage Broking Services LLP**Registered office:** Unit 1 & 2, 17th Floor, Gift One Tower Road SC, Zone 5, Gift City Gandhinagar - 382355**Correspondence address:** Unit No.111, 1st Floor, A-Wing, Boomerang, Near Chandivali Studio, Chandivali Farm Road, Andheri(E), Mumbai - 400072**Contact:** 07965081210 | **Email:** ig@arrow.trade**REQUEST LETTER FOR ISSUE OF DIS BOOKLET****Annexure 2.5**

								Date: (DD/MM/YYYY)									
DP ID:								Client ID:									
Name of First / Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	

To,
Irage Broking Services LLP
Unit-111, Wing-A, 1st Floor, "Boomerang", Chandivali Farm Road, Near Chandivali Studio,
Andheri (East), Mumbai-400 072 Contact: 07965081210

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 Holder	Second Holder	Third Holder
Name			
Signature			

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 Holder	Second Holder	Third Holder
Name			
Signature			

(PLEASE TEAR HERE)

Acknowledgement Receipt

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

DP ID:								Client ID:									
Name of First / Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	

Depository Participant Seal and Signature