

..... Branch

Date :

Subject : Debit authority regarding DP charges

Dear Sir/Madam,

I/We have maintained DEMAT account having BOID

1	3	0	1	6	9	0	0												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

with your bank. I/We request to debit my bank account for necessary charges (if any).

Details of charges

Account Opening Fee

Annual Fee

Further, I/We authorize to debit my bank account on starting of every fiscal year for demat annual charges.

Bank Account Name : _____

Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Authorized Signature(s) in Bank Account

Verified By(Bank use)