ANNEXURE ON THE LETTERHEAD OF THE COMPANY

CIF ID:			Indemnity signed on date:				
			Annex	ure A:			
Desi	gnated fax &/or e	email ID fr	om where request	shall be s	ent by me/us t	to the bank	
	Туре	Deta	ils 1		Details 2		
	Facsimile Number(s)	Fax no:			Fax no:		
		Fax no:			Fax no:		
		Fax no:			Fax no:		
	Email ID	Name:			Name:		
		Email Id:			Email Id:		
		Name:			Name:		
		Email Id:			Email Id:		
		Name:			Name:		
		Ema	Email Id:		Email Id:		
<i>strik</i> Desi	e off email Sectio	on and co	unter sign) Annex	ure B:		nt by the Company, then	
г			1				
	Name Of the Official		Designation		saction Type	Telephone	
=				(Trade/Others)		Number(s)	
-							
=							
	ay be noted that a	-		icials wou	ld be informed	I by me/us to the bank to	
	Customer Name)						
roi (customer name)	•					
	nature of Authoriz mp of the Compa	_	tory/ies with Name	& Design	ation)		