FORM OF REQUEST FOR CHANGE OF ADDRESS

Integrated Registry Manageme	ont Sorvices (I				
Integrated Registry Managemo Unit :	ent Services (1	rvi) Liu			
Kences Towers 2 nd Floor No. 1 Ramakrishna Street					
North Usman Road T Nagar C	Chennai - 6000	17			
I request you to effect change of	my address in	your records	as follow	vs:	
My old address as appearing in the Company's records		My current address to be recorded			
		Email ID	_		
	STD Code/Phone/Mobile No.				
Passport	Driving Licens (with signature appea Bank Pass Book	se [rring thereon x/Statement [PA) (with	N Card signature appearing thereon etricity/ Telephone	
(with signature appearing thereon) (Note:AADHAR CARD COPY AND A SUBMITTED ALONG WITH EITHE ELECTRICIYT/TELEEPHONE/GAS	ER BANK PASS	OOFF WITH S	IGNATUK		
I am also providing below my c bank particulars were not furnished to the C	•		•	ords (required only if	
Name of the Bank : _					
Address of the Bank : _					
Bank Account Number : _					
(Note: Copy of your relevant bank stateme bank account, with your name appearing th				pertaining to the given	
Yours faithfully, Sinature of the share holder(s)					

2. The signature of the Shareholder as appearing on the Form **must** match with his / her specimen signature on record with the Company.