



BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-438-2019

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

Tel No. 022-22720000 Web: www.bcbbrokerage.com

Compliance Officer: Manish Mourya Email id – complianceofficer@bcbbrokerage.com

Email ID for Investor grievance: investorgrievance@bcbbrokerage.com



OPTION FORM FOR ISSUE OF DIS BOOKLET

(Updated as per CDSL Operating Instructions as on December, 2024)

Date	
DP ID	Client ID
First Holder Name	
Second Holder Name	
Third Holder Name	

To,

BCB Brokerage Private Limited

1207A, P.J. Towers, Dalal Street, Fort, Mumbai - 400001

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			

======(Please Tear here)=====

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

DP ID	Client ID
Name of the Sole/First Holder	
Name of the Second Joint Holder	
Name of the Third Joint Holder	

For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)

Name:

Designation and Employee ID:

Place:

Date: