To,

**Skyline Financial Services Private Limited** D-153 A, 1st Floor, Okhla Industrial Area, Phase-I,

Genera	∣Informa	tion:

New Delhi-110 020			
Upo	dation of Shar	eholder Information	
I/ We request you to record the following i	information against o	our Folio No.:	
General Information:			
Folio No.:			
Name of the first named Shareholder:			
PAN: *			
CIN/ Registration No.: *			
(applicable to Corporate Shareholders)			
Tel No. with STD Code:			
Mobile No.:			
Email Id:			
*Self-attested copy of the document(s) en	closed		
Bank Details:			
IFSC (11 digit)	V	/ICR (9 digit)	
Bank A/c Type	Е	Bank A/c No.*	
Name of the Bank	·		
Bank Branch Address			
* A blank cancelled cheque is enclosed to	enable verification of	of bank details	
I/ We hereby declare that the particulars given or incorrect information, I/ We would not he in the above particulars as and when the citill I/We hold the securities under the above	old the Company/ RT hanges take place. I	A responsible. I/ We undertake t / We understand that the above	to inform any subsequent changes
Place:			
Date:		 Si	gnature of Sole/ First holder