

INVESTOR BANK DETAILS UPDATE FORM (CSD FORM 7)

Client CSD Securities	Account No:	
Securities Account N	ame:	
Participant Name:		
NOSTRO FCA DETA	ıls	
BANK NAME		
ACCOUNT NAME		
ACCOUNT NUMBER		
CURRENCY		
BRANCH		
Declaration:-		
I / We hereby		
i. Request t	o update my/our Nostro FCA Bank details account information	on for the payments of
	and other distributions. It information in the form is correct	
	e to notify the Depository Participant of any change of information	ation provided by me/us in
tins form		
Name:/	Signature	Date/
	Signature	Date/
Name:/	Signature	Date /

Initial_

For Depository Participant Use Only Verified by:	For VFEX Use Only Verified by:
Signature:	Signature:
Approved By:	Approved By:
Signature:	Signature:
Date:	Date:
Stamp:	Stamp:
Please attach re	elevant supporting documents.

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