FEL Future Enterprises Ltd.	Registered Office: "Knowledge House", Shyam Nagar, Off Jogeshwari- VikhroliLink Road, Jogeshwari (East), Mumbai – 400 06 Tel: +91 22 6644 2200 Fax: + 91 22 6644 2201; Website : www.felindia.in, CIN L52399MH1987PLC044954	Corporate Office: Future Retail Home Office, 247 Park, 'C' Tower, LBS Marg, Vikhroli (West), Mumbai – 400 083. Tel:+9122 61190000 Fax:+912261995019 Email: fel.deposit@futuregroup.in, fel.deposit@felindia.in	FD Department: City Gold Mall, 3rd Floor, Near Shyamal Cross Road, 132, FeetRing Road, Satellite, Ahmedabad-380015 Customer Care Email: fdcare@felindia.in Customer Care No 1800 572 7773			
MULTIPURPOSE REQUEST FORM						
	s Limited City Gold Mall, 3 <sup>rd</sup> Floor, Near S oad, Satellite, Ahmedabad -380		Date/_ /			
Dear Sir / Madam	l,					
Reference number	er: My/Our Fixed Deposit No	/ Customer ID	number			
I am / we are mai	ntaining the captioned fixed de	posit with your Company.				
	(Please $\checkmark$ the appropriate box) / Strike off whichever is not applicable					
Duplicate Fixed Deposit Receipt Kindly arrange to issue me Duplicate Fixed Deposit Receipt for fixed deposit number						
-						
		ked deposit receipt has been lo	st / mispiaceu / mutilateu /			
damaged.	and stamped Affidewit and Inc	lempity Dand for issuing duplic	ate fixed depends reacist is			
Duly executed and stamped Affidavit and Indemnity Bond for issuing duplicate fixed deposit receipt is attached herewith, further I / we, am / are ready to bear the charges thereof, if any.						
	withdrawal					
proceeds to the	registered bank accoun <mark>t after c</mark> Receipt in original duly sig <mark>ned b</mark>	eceipt number leduction of premature charges by me / us is enclosed herewith	applicable. Aforementioned			
Please change	my name as Mr / Mrs					
From Mr. /Ms						
Attained ma	Attained majority					
	gly. (copy of PAN Card and pro	ity onP oof of change as per KYC guide				
My new addres	My new address is					
Kindly make ne Form).		ds. (proof of change as per KY0	PIN			
Initial		Initial	Initial			
Sole/First Applicat	nt (Guardian in case of Minor)	Second Applicant	Third Applicant			

FEL Future Enterprises Ltd.

Registered Office: "Knowledge House", Shyam Nagar, Off Jogeshwari-VikhroiLink Road, Jogeshwari(East), Mumbai – 400 060 Tel: +91 22 6644 2200 Fax: + 91 22 6644 2201; Website competition in the state of the sta Website : www.felindia.in, CIN L52399MH1987PLC044954

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Change of Bank Account	Dotaile of Solo / First D	anacitar				
Sole/ First Applicant Name	Details of Sole / First D	epositor				
Bank Name						
Branch Name						
Current / Savings Account Nu	mber					
MICR Code						
IFSC Code						
(Please attach cancelled cheque for verification)						
Updation of phone number / email address						
My new phone number						
	My new email ID					
Updation of Signature						
My/our undeted signature is						
My / our updated signature is						
(Bank verification letter approving updated signature is attached herewith)						
☐ Addition/ Deletion of non	ninee's names in FDR					
-	Name of the existing nominee holder(s):					
Relation with Sole/ First Depo	sitor					
(Enclosed herewith the Updated Nomination Request Form)						
TDS Certificate						
i. TDS certificate for the FY 2020						
ii. Interest Certificate request for the FY 20 - 20						
iii. TDS Certificate not red		- 20				
		20				
Any other request						
SIGNATURE(S) OF APPLICANT(S)						
			Date:			
Sole/First Applicant						
(Guardian in case of Minor)	Second Applicant	Third Applicant	Place:			
Note: Documentary proofs are required to be self-attested by all Depositors with initial on all pages including						
this Multipurpose Request Form.						
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