

F/OPS/10.b

Courier & SMS Request Form												
ETTERS) For Residence Address: (X per courier and INR XXX per SMS.												
ned passport(s) from the below												

Effective Date: 11 Non 2013

COURIER /SMS R * Important Note: T	hese a	re op	otion	al se	rvice	y app	olicaı d cha	nt in rges	BLO are II	CK L NR XX	ETTE KX pe	RS) r cou	For F irier a	Residend I	lenc NR X	e Ado XX pe	<u>lress:</u> r SMS	
1. Please fill in	the follo	owing	g det	tails:-														
Passport Nur	mber (S)	:	•••••				•••••				•••••							
Applicant Na	me (S):.	•••••	•••••					i V	· · · · · · ·			•••••						
2. Address *required * Please reconfirm th	for cour e details	rier d s witl	elive h the	ry of offic	Passp er.	oort (s):											
Flat Number & Floor:								L										
Building Name & Wing:																		
Street Name:																		
Landmark:																		
Area/City:																		
State:																		
Pin Code:																		
3. In case of Non Serv	viceable ocation	Loca Loca	ntion ntion	, I agı :	ree to	colle	ect the	e abo	ve m	entio	ned p	asspo	ort(s)	from	the b	elow		
SO Done By/Date _								C	OO Do	ne B	y/Dat	e						
4. SMS : YES / NO. f Yes, CONTACT NO:		I													***************************************			
nave requested & aut document/s) by third claims or other conse document/s, delay or restricted to what the agree that this constit confirm that I have r	thorized party cequence damage courie tutes a g	I M/s ourie s inc e to r con genu	s.BLS er on ludir the o npan ine p	Interimy by the second	rnation behal pense ment, ys/ de stima	onal t f,I ago es aris /s. I a elivers te of	o sen ree no sing o gree t s to B dama	d /de ot to l out of that r LS if a	liver hold I any I ny cla any o suffer	my BLS G oss, t aim ai f the ed by	ilobal empo rising above me.	resporary out o	onsib misp of any	set ou le for lacen of the ccur.	ut the any nent one ne ab	e liabilit of the ove sl	ties, nall be	
SIGNATURE:										PL	ACE:							