



IFCI FINANCIAL SERVICES LIMITED

BROKERAGE MODIFICATION FORM

Date: / /

Dear Sir,

Kindly revise the brokerage rate for the following Clients: -

Cash Segment

Client Code	Client Name	Delivery Based (Existing)	Delivery Based (Revise)	Intraday Brokerage (Existing)	Intraday Brokerage (Revise)	Minimum Brokerage	Client Volume per day (Approx)

Derivatives Segment

Client Code	Client Name	Client Volume per day (Approx.)	Existing		Revise		Minimum	
			Fut.	Opt.	Fut.	Opt	Fut.	Opt

Branch Head Name :

Branch Head Signature:

Effective Date :

Remarks * : **Client signature is mandatory in case of increase in present brokerage slab**

Client signature * :

Recommended

Approved

Implemented