**(PLEASE SUBMIT THIS FORMAT ON YOUR LETTERHEAD)**

**FOR ICD RENEWAL WITH GSFS**

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Entity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For below mentioned Inter-Corporate Deposits (ICDs), you are requested to take necessary action as below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **ICD No.** | **Renewal Instructions** | | **Please mention Type of Funds**  **GoG Fund/GOI Fund/Own Fund**  **&**  **Name of Scheme** |
| **Renewal Amount** | **Renewal**  **Period** |
|
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **Total** | |  |  |  |

(Please attach separate sheet or add row if required)

**Any other instructions, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**For,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signatories Signature**

**(Please affix rubber stamp of entity)**