## <u>APPLICATION FOR CHANGE OF SIGNATURE</u> Application No:

(Please fill all the details in BLOCK LETTERS in English)

Trading A/C No:											
CDSL Client ID: 12071200-											
									_		
(Please tick whichever is applicable)											
o I/We request to carry out the change of signature in the Demat Account.											
o I/We request to carry out the change of signature in the KRA and Demat Account.											
I/We r	eques <sup>-</sup>	t you t	o chang	ge my,	our ı	egiste	red si	gnatu	ire in your records as per below details:		
	Name of the Hold					rs &PA	ιN		Old Signature New Signature		
1st/ Sole	e Holde	r									
	_										
	P.	AN									
2 <sup>nd</sup> Hold	der										
	P	AN -									
2rd 1.1 1	1										
3 <sup>rd</sup> Hold	der										
	P	AN -									
Reason	for										
change											
Signatu	ire										
Customer's Bank Account Type:								Account Number:			
Attesta	ation b	y the	Bank wi	th Sea	ıl and	full A	ddres	S:			
Signature of Attesting Authority:											
Name of Attesting Authority:											
						Desig	natior	of A	ttesting Authority:	-	
I/We do	o hereb	y soler	nnly dec	lare th	at the				ve submitted by me/ us is/are true to my/our knowledge.		
	1st/ Sole Holder					r			2 <sup>nd</sup> Holder 3 <sup>rd</sup> Holder		
Name											
Signat	ure										

## Instructions:

- 1) Identity proof is compulsory with a request to change of signature.
- 2) The form should be signed by all the account holders and stating the reason for change of signature.
- 3) The new signature must be attested by BO'S Banker.