SIGN.CHANGE REQUEST BY CLIENT IN DEMAT ACCOUNTS

To,			From :		
	araswat Co-op. Bank Ltd. iitory Services				
_	branch				
Sub:	Sign change request in dem	at account(s	<u>s)</u>		
Re : Client ID No(s)			DP ID: IN300829		
Dear S	Sir,				
	reference to the captioned suring persons in the demat according	•	_		_
The re	quest for change in signature	is due to the	following rea	asons (mandato	ory – one to be ticked)
1.	Due to inconvenience in signing				
2.	Medical disability – medical certificate of practitioner to be submitted.				
3.	Unable to remember old sign – Notarized affidavit as per format on Rs. 100/- stamp paper to				
	be submitted in lieu of inability to sign old signature				
4.	Others - to be specified by the client				
	·			<u>, </u>	
1st	Name Of Holders	Old Signat	ture	New Signatur	re
2 nd					
3rd					
	ign. To be attested by Demat		lers bankers w	vith seal and sta	mp of Bank and
Name	& Address of Bank		Signed in	n presence of	
		(Na	ame, Signatu	re & Code of B	Bank Manager)
New signature of holder in front of the DP Official			Attestation presence	by DP Official	l – Signed in my
			Signature	:	(Affix signature verified stamp)
			Name Employee	: Code :	

General Instruction / Checklist to be filled by Branch:

- 1. All the holders have to sign in the column of old signature
- 2. Reason for change in signature has to be mentioned.
- 3. Proof of Identity and address of the holder duly attested by the Branch as per the specified format.
- 4. Latest transaction statement of the demat account received from the Participant.
- 5. New signature has to be duly attested by the respective Bankers.
- 6. Holder requesting the change in signature should personally visit the Branch and signed in presence of the DP Official in the space provided.
- 7. Attestation by DP Official as signed in "my presence"
- 8. Branch receipt stamp has to be affixed.
- 9. Alteration / correction has to be authenticated by the holders.