

APPLICATION FOR CHANGES IN CLIENT MASTER

To
Indbank Merchant Banking Services Limited (DP ID. IN300597 /IN303093)

From

My DP Account No. Trading Code

Kindly make necessary changes in my/our DP Account as per details given below.

ADDRESS DETAILS (Proof to be enclosed) (<input type="checkbox"/> Local or Permanent / <input type="checkbox"/> Correspondence / <input type="checkbox"/> Both)	
Existing	New
Pin code :	Pin code :

* Update above address in Nominee Details. Yes No

NEW BANK DETAILS (Proof to be enclosed)

Bank A/C Type / Bank A/C No.			
Bank Name			
Bank Address.			
	Pin code :		
MICR / IFS Code			
PAN Details	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
ADHAR Details	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
Date Of Birth	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
Others Details (if any)			

PHONE NO. , MOBILE NO. AND EMAIL ID

Phone No.			
Mobile No. (1st Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family	
Mobile No. (2nd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family	
Mobile No. (3rd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family	

I/We would like to have the statement of Transaction / Holding / Bill e-mailed to me/us at the following e-mail id

Email Id. (1st Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Email Id. (2nd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Email Id. (3rd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family

I/We the under mentioned Beneficial Holders hereby agree, undertake and declare that , the aforementioned services are provided by Indbank Merchant Banking Services Ltd subject to the Terms and Conditions mentioned herein and as amended from time to time.

TERMS & CONDITIONS FOR PROVIDING TRANSACTION AND HOLDING STATEMENTS BY E-MAIL

1. I/We am/are aware that I/we will not receive the transaction statements in paper form and I/We agree that the transaction statements are sent by e-mail.
 - 2 I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the e-mail account and I/we shall immediately inform the DP about change in e-mail id ,if any
 3. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised and I/We agree and aware that DP shall have the right to terminate such service provided a written notice is given in advance and vice versa.
 4. I/We agree that the above terms and conditions are in addition to and not in contravention of the terms and conditions forming a part of the "Agreement / Between The Participant And The Person Seeking To Open An Account With The Participant & Rights & Obligation of Beneficial Owner and DP" signed by me/us at the time of opening the Demat Account with the Bank.
- Please do the needful at the earliest at my/our sole responsibility and activate the services as mentioned above for my/our Demat Account.

Signature

<i>Sole/1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
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Verified and Accepted by : (For Office Use)

Name of the person who has done the IPV : Employee ID: Branch Seal :

Designation: Date: Signature of the person who has done the IPV:

*'Family' as mentioned above has been defined as spouse, dependent children and dependent parent