

APPLICATION FOR CHANGE OF SIGNATURE

| To Axis Securities Ltd. Unit No. 1001, 10th Floor, Level – 6, Plot No. 4/TTC, Q2 Building, Aurum Q Parc, Thane Belapur Road, Ghansoli, Navi Mumbai-400710 E-mail: dphelp@axisdirect.in, Tel. no.: 022 6851 5400 | | | NSDL DP ID I N | | ate: DDD | M M | YY | YY |
|---|--|------------------------|-------------------------------|-----------------|--------------------------------|------------|----------------------|---------|
| Dear Sir/Madam, I/We Mr./Mrs./M | | WA . C . W. II. W | | | | g demat a | | |
| account(s). I/We v | wish to state that my/our sig | | | old age/marr | iage/ other F | Reasons (i | f any s _l | pecify) |
| Holder | Name | | Old Signature | | New Signat | ure (Man | datory) | |
| 1st Holder | | | | | | | | |
| 2nd Holder | | | | | | | | |
| 3rd Holder | | | | | | | | |
| | | | | | | | | |
| Name First/Sole Holder Signatory | | Name Second Holder S | Name Second Holder Signatory | | Name Third Holder Signatory | | | |
| | er(s) has/have personally vis per bank account signature. | sited and signed/appen | ded his/their new sigr | nature(s) in my | y presence a | nd signat | ure has | been |
| | | Name of Bank Of | ficer | | | | | |
| ≪ Officer Size | turo with Donk Bronch Soul | Emp No. | | | | | | |
| Concer Signal | ture with Bank Branch Seal | Designation | | | | | | |

Note: Change in signature Request has to signed by all joint holders. : Valid Proof of Identity of account holder whose signature has to be changed is required and Same has to be verified by Axis Bank branch officer