

## Application for Auto E-mailer service

Date: 

To  
Axis Securities Limited,  
DP Operations,  
Unit No. 2, Phoenix Market City,  
15, LBS Road, Near Kamani Junction,  
Kurla (west), Mumbai -400070.  
E-mail: dphelp@axisdirect.in  
Tel. No: 022-68515400

Dear Sir,  
I/We hold a Demat Account with you. The details of my/our relationship are as under:

<b>Demat Account Number **:</b>	<b>I</b>	<b>N</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>9</b>	<b>5</b>	<b>-</b>								
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I/We would like to subscribe for the following e-Depository service as per the terms and conditions appended below.

### ☐ Auto E-Mailer Service:

I/We would like to have the statement of transaction and holding emailed to me/us at the following email id:  
(Email ID should be same as per our record)

The Statement can be emailed to us with the following frequency (please tick (✓) whichever is required)

☐ On Monthly basis    ☐ On Weekly basis

I/We the under mentioned Demat Account holder(s) hereby agree, undertake and declare that, the aforementioned services, provided by Axis Securities Ltd., are subject to the Terms and conditions mentioned herein and as amended from time to time.

### Terms & conditions for requisition for Transaction and Holding Statement

1. I/We am/are aware that I/we will not receive the transaction statements in paper form.
2. I/We agree that the transaction statements are sent by e-mail, I/we shall immediately inform the DP about change in e-mail address, if any.
3. I/We agree and aware that DP shall have the right to terminate such service provided a written notice is given atleast 10 days in advance and vice versa.

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 of Sole/ First Holder\*\*\*

\_\_\_\_\_  
Signature of Second Holder\*\*\*

\_\_\_\_\_  
Signature of Third Holder\*\*\*

\*\* Compulsory fields to be provided. \*\*\* All DEMAT Account Holders must sign the form.

### (For internal use only)

**Account holder/s signature/s verified by:**

\_\_\_\_\_  
Name of the Officer

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Signature of Employee & Stamp

### (For use at Central Office – Depository Services only:)

Processing Unit	Processing Stage	Employee No.	Signature	Seal / Remarks
Central Unit	Account Activation			<input type="checkbox"/> Auto E-mailer Service