



## On Company/Firm/Trust Letterhead Aadhaar Updation cum Declaration Form For Non-individual Accounts

Annexure II

Demat Account Number (in case of existing accounts)

CDSL	12049200				
NSDL	IN304295				

I/We submit my/our Aadhaar number and voluntarily give my/our consent to:

- o Use my/our Aadhaar Details to authenticate me from UIDAI.
- o Use my/our Registered Mobile Number in your records for sending SMS alerts to me/us.
- o Link the Aadhaar Number to all my/our existing/new/future accounts and customer profile (CIF) with you.

I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my/our information submitted to you herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Nature of Signatory	Name	Aadhaar Number								
1. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
2. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
<ol><li>Authorised Signatory*/</li></ol>										
Partner/Trustee/BO#/PoA@										
4. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
5. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
6. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
7. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
8. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										
9. Authorised Signatory*/										
Partner/Trustee/BO#/PoA@										

I/We hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

1. Authorised Signatory Partner/Trust/BO/PoA	2. Authorised Signatory Partner/Trust/BO/PoA	3. Authorised Signatory Partner/Trust/BO/PoA					
4. Authorised Signatory Partner/Trust/BO/PoA	5. Authorised Signatory Partner/Trust/BO/PoA	6. Authorised Signatory Partner/Trust/BO/PoA					
7. Authorised Signatory Partner/Trust/BO/PoA	8. Authorised Signatory Partner/Trust/BO/PoA	9. Authorised Signatory Partner/Trust/BO/PoA					
Date : DD/MM/YYYY Place :	 patories/Partners/Trustees/BOs/PoA	s please attach more sheets)					

E-mail: dphelp@axisdirect.in Tel. No: 022-68515400

<sup>\*</sup> In case of HUF, Karta of HUF # BO – Beneficial Owner @ PoA – Power of Attorney Holder Signatories