



COSMOS BANK™

THE COSMOS CO-OP. BANK LTD. (Multistate Scheduled Bank)

'Cosmos Heights', 269/270 Shaniwar Peth, Pune 411 030. Ph. : 24456591 , 24409253 Email : dematcell@cosmosbank.in

Depository Service Cell

DP ID : IN301098

Date :

To,
The Manager,

Br. / Depository Service cell

Subject : Change of Address / Contact Details / Bank Details

Sir / Madam,

I / We have a demat account with your bank. My demat account number is

A I / We request you to change my / our permanent / correspondence address of the said account as given below :-

Old Address

New Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Pin Code

Pin Code

I / We are submitting herewith the following document as a proof of address change.

(You can tick out any one) (Photo ID Proof & Address Proof of all account holders is required)

Ration card Telephone Bill Electricity Bill Bank A/c Statement/Pass Book Passport Driving License Election Card PAN Card

Latest Telephone Bill / Electricity Bill / Bank A/c Statement / Pass Book : Not more than two months old.

B I / We request you to update Telephone / Mobile Number / Email ID as follows :

	Sole / First Holder	Second Holder	Third Holder
Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Addhar Card No.			
Phone No.			
Mobile No.			
SMS Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Range P.A.(in Lakh)	<input type="checkbox"/> < ₹1 <input type="checkbox"/> ₹1 - 5 <input type="checkbox"/> ₹5 - 10 <input type="checkbox"/> ₹10 - 25 <input type="checkbox"/> ₹ > 25	<input type="checkbox"/> < ₹1 <input type="checkbox"/> ₹1 - 5 <input type="checkbox"/> ₹5 - 10 <input type="checkbox"/> ₹10 - 25 <input type="checkbox"/> ₹ > 25	<input type="checkbox"/> < ₹1 <input type="checkbox"/> ₹1 - 5 <input type="checkbox"/> ₹5 - 10 <input type="checkbox"/> ₹10 - 25 <input type="checkbox"/> ₹ > 25

● Sole / First Holder Email ID _____

I/We wish to receive statement of account in, Physical Form Electronic Form*
Receive Annual Report, AGM notice and other communication in Physical form

● Second Holder Email ID _____

Receive Annual Report, AGM notice and other communication in Physical form

● Third Holder Email ID _____

Receive Annual Report, AGM notice and other communication in Physical form

* For receiving statement of account in electronic form :

1) Client must ensure confidentiality of the password of the email account. 2) Client must promptly inform the participant if the email address has changed. 3) Client may opt to terminate this facility by giving 10 days prior notice, Similarly, participant may also terminate this Facility by giving 10 days prior notice.

C I / We request you to change Financial / Billing as given below :

	Previous Details	New Details
Financial (For Dividend)		
Bank		
Branch		
SB / CA Account No.		
IFSC Code		
MICR Code		
Billing (For Demat Charges)		
Account No.		
Branch		

(In case of bank details other than Cosmos Bank, enclose a copy of the cancelled cheque / Latest Statement of account)

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature/s			

For Office use only

Proof of New Address, Contact, Bank Details & ID proof is verified from original _____ (Sign.)

Address is changed, Contact, Bank Details in DPM system _____ (Sign.)

Letter is dispatched to New Address Dt. _____ Sign. _____

The Cosmos Co-operative Bank Ltd.		
Received at _____		
Branch _____	H.O.DSC	Entered
Tie-up Bank _____		

Date :	Date	Date
Sign.	Sign.	Sign.

Instruction ID	
Entered by	
Verified by	