

"Cosmos Heights", 269 /270, Shaniwar Peth, Pune 411030 Ph. No. 020 - 24456591, 24409252.

To, Manager,		Instruction ID No.
Br./ Depository Service Cell		Date :
Subject : Ch	nange in Signature	Date .
Sir / Madam,	ange in Signature	
I / We have a demat account with your Bank. My (	Client Id is	
I / We wish to change my signature in your record	due to following reason :	
Reason		
Name	Old Signature	New Signature
1)		
2)		
3)		
		(Signature of all holders required)
I / We are submitting herewith the following valid of (you can tick out any one)	locuments as proof of identity of	of all holders.
Pan Card Election Card	Passport Dri	ving License AADHAAR
As per NSDL rule 1 / We are attaching a latest Tra	ansaction / Holding statement r	received by me.
For	r Office use only	
Proof of identity is verified from original	(sign)	(Data)
New signature is signed before me & I am verifying		(Date)
Manager (sign) : Manager's N		
Proof of identity is verified with the photograph at		
signed before me (DP Officer		
Now signature is scanned and verified		
For	Office use only	
	Co-operative Bank Ltd.	
Name of the Demat Center The identy of the applicant (s) verified in person as per NSDL Cir. No. NSDL / POLICY / 2007 / 001		
Signature of Verifying Officer		
Name of Verifying Officer		
Empolyee Code of Verifying officer (Ticket No)		
Date Place		
Signature of applicants (s)		
1)	3)	

7085 / 4000 / 6-2018

(All Joint Holders should sign in presence of DP Staff)