

Instruction ID No.	
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THE COSMOS CO-OPERATIVE BANK LTD.
(Multistate Scheduled Bank)

Head office : Cosmos Heights, 269/270 Shaniwar Peth, Pune 30.
Ph.: 24456591, 24409253/55

To,

The Manager

_____ Br./ Depository Service Cell

Subject : Change in Financial / Billing details

Sir / Madam,

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

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I / We wish to change financial / billing details in my / our above demat A/c as given below :

	<u>Previous Details</u>	<u>New Details</u>
Financial	_____	_____
(For Corporate Benefits)		
Bank	_____	_____
Branch	_____	_____
SB/ CA A/c No.	_____	_____
MICR Code	_____	_____
Billing	_____	_____
(For Demat charges)		
A/c No.	_____	_____
Branch	_____	_____

I / We are submitting herewith cheque xerox & passbook xerox as a proof of change in financial details.

	Name	Signature
1)	_____	_____
2)	_____	_____
3)	_____	_____

(Signatures of all holders required)

For Office use only

The said change of financial / billing details is made in DPM System & verified.

_____ (Sign) _____ (Date)