

APPLICATION FOR CHANGE OF SIGNATURE

To

RELIGARE BROKING LIMITED

Club 125 (Tower A) A-3,4 & 5, Sector- 125, Noida-201301 (U.P.)

Ph.: 0120-4866666 Fax: 0120-4866275

Date _____

Trading Client Code _____ Demat Account No. _____ DP ID IN301774

I/We want to change my/our signature(s) registered in your records due to the reason(s) mentioned below.:

☐ Signature changed after a period of time ☐ Unable to remember old signature

☐ Medical Disability ☐ Others (Please specify _____)

Name of the account holder(s) whose signature is/are to be changed	New signature(s) of the account holder(s)
1)	
2)	
3)	

New sign to be attested by Demat/Trading account holders BANK manager with seal and stamp of BANK and sign confirming the new signature.	
Name & Address of BANK 	Signed in presence of (Signature, Name & Designation of BANKER)

I/We do hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.

Signature to be affixed in presence of our Authorized official:

Name of the account holder(s)	Signature(s) of the account holder(s)
1)	
2)	
3)	

For RELIGARE Office Use Only	
Attestation by Authorized Official of RELIGARE – Signed in my presence	
Name of Authorized Official : _____	Branch code: _____
Signature of Auth. Official : _____	

Note:

- Valid Proof of Identity of account holders whose signature has to be changed is required
- Reason for change in signature has to be mentioned; in case of medical disability medical certificate of appropriately qualified doctor to be submitted stating that client is unable to sign properly.