

Application for change of signature/Registration of thumb impression/Change of Authorised signatories

Date:

DP ID:

Client ID:

I/We want to change our existing signature(s)/thumb impression(s)/authorized signatories in the above mentioned Demat account number.

Name(s) of the account holder(s) (Name should be in the same order as they appear in the demat account)	Old Signature(s)/thumb impression(s) as per Demat Account	New Signature(s)/thumb impression(s)
	<hr/> <p style="text-align: center;">SIGNATURE OF FIRST HOLDER</p>	<hr/> <p style="text-align: center;">SIGNATURE OF FIRST HOLDER</p>
	<hr/> <p style="text-align: center;">SIGNATURE OF SECOND HOLDER</p>	<hr/> <p style="text-align: center;">SIGNATURE OF SECOND HOLDER</p>
	<hr/> <p style="text-align: center;">SIGNATURE OF THIRD HOLDER</p>	<hr/> <p style="text-align: center;">SIGNATURE OF THIRD HOLDER</p>

Reason for change of signature (Mandatory) _____

Attestation by the Bank

Note: The new specimen signature(s) must be attested by the Attesting Authority. The full address of the bank where the Account Holder(s) has/have his/her/their bank account must be included

Bank a/c no. of customer(s):	<input type="text"/>	A/c type:	<input type="text"/>
Address of bank	<input type="text"/>		
Name of Attesting Authority	<input type="text"/>		
Designation	<input type="text"/>		
Employee no	<input type="text"/>		
<hr/> <p>Signature of Attesting Authority</p>	<p>SEAL OF BANK</p>		

(SOLE/FIRST HOLDER)

(SECOND HOLDER)

(THIRD HOLDER)

*** Old Signature(s)/thumb impression(s) as per Demat Account**

For Bank Branch use only

I have verified the proof of identity of the person(s) submitting the form and I am satisfied that the person(s) who has/have signed in my presence is/are the account holder(s).

Name of authorizing official _____ Signature _____

Enclosures

A. Proof of identity in case of change of signature(s)

The client(s) must visit the DP's office and produce valid proof of identity. Copies of proof of identity must be attested and verified with the original documents and submitted to the bank.

PAN card copy is mandatory as a proof of Identity in case of change of signature(s).

B. Proof of identity in case of thumb impression(s)

The client(s) must visit the DP's office and produce valid proof of identity. Copies of proof of identity must be attested and verified with the original documents and submitted to the bank.

- Request form (Request form thumb impression should be notarized)
- Thumb impression should be specified Left/right (male - left, female - right)
- Medical certificate (confirming that the holder(s) is sound of mind)
- Proof of identity copy attested and verified with the original document

C. Proof of identity in case of change in authorised signatory/signatories

- The client must provide a fresh board resolution that authorises the new signatory/signatories, along with specimen signature(s), photograph(s), designation(s) and mode of operations of the new authorized signatory/signatories.
- The board resolution must include the withdrawal of the earlier resolution.
- DPs need not obtain the details of the existing authorized signatory/signatories if he or she/they remain unchanged.

All applications without the enclosures are subject to rejection

CHECKLIST	
Items to be checked	Tick for verification by the Bank
Demat a/c No. should be mentioned on the request form.	<input type="checkbox"/> Checked
The name and designation of the attesting authority and attestation by the bank with seal and full address is required. Bank a/c no. and type of a/c should be mentioned on the request form.	<input type="checkbox"/> Checked
All account holder(s) should sign on the request form. The old signatures of a/c holder(s) required (if any one old signature(s) of 1st/2nd/3rd holder mismatch, BM & BOM authorization is required.)	<input type="checkbox"/> Checked
Proof of identity of holder(s) is enclosed with the request.	<input type="checkbox"/> Checked
Reason for change of signature.	<input type="checkbox"/> Checked
Board resolution is required in case of change of signatory/signatories.	<input type="checkbox"/> Checked
Medical certificate is required in case of thumb impression.	<input type="checkbox"/> Checked

Acknowledgement

We have received your Application for change of signature/registration of thumb impression/change of Authorised signatories:

DP ID: Client ID:

Demat Account Holder's Name _____

Received by _____

Bank Official Signature _____ Branch _____ SR No _____

Date