

Application for Change in Bank Account Details

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 DP ID

--	--	--	--	--	--	--	--

 Client ID

--	--	--	--	--	--	--	--

[illegible][illegible][illegible]

I/We hold the above Demat account with you and request you to register necessary changes in my/our account as per the details given below for Electronic Clearing Service / Direct Debit Mandate/ Bank Details for receiving dividend, interest, IPO Credits etc.

1. It is mandatory to provide complete details required below. In absence of complete details, the form may be rejected.
2. For Debit of Demat charges, IDFC FIRST Bank Account is Mandatory.
3. For IDFC FIRST Bank Account holder's mode of payment will be Direct Debit.
4. Please attach a cancelled cheque carrying above mentioned Bank details.

Please (✓)tick here

☐ I understand that the mentioned IDFC FIRST Bank Account will be used for Disbursing Dividends / Interest and Recovering all DP Charges in respect of the demat account

Name of Bank Account Holder																															
Bank A/c No																Bank Branch															
Name of the Bank																															
Branch Address																															
IFSC Code																															
Account Type (Please tick✓)	<input type="checkbox"/> SAVING <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS _____ (Please Specify)																														
*9-Digit MICR Code Number of the Bank & Branch																															

To,
IDFC FIRST Bank

I / We hereby also authorize the bank to debit all charges in respect of the demat account payable by me / us & also to credit all dividend to the above mentioned account. I / We undertake that sufficient balance shall be maintained by me / us shall in no anyway impair the right of the bank to debit the Service charges. I/We hereby further authorizes the bank to charge interest, at the prevailing commercial rate, on overdrawn balances in the Said Account(s) due to the debiting of Services Charges. The bank shall not be obliged to provide overdraft facility on the Said Account except those arising out of debit of Service Charges payable by me/us. I/we hereby undertake to remit the amount of debit plus the interest within 15 days of being notified about the same. I / We also authorize the bank to arrange to exercise a lien over the dematerialized shares till the dues are remitted in fully by me/us. The bank account details are given below. I/We hereby undertake not to revoke this authority without the written approval from the bank. I/We hereby specifically agree and confirm that the any matter or issue arising hereunder shall be governed by and constructed Exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India. I, Hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for Reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby agree to discharge charge The responsibility expected of me as a participant under the scheme.

Signature of Demat Account Holder(s)		
_____ SIGNATURE OF SOLE/FIRST HOLDER	_____ SIGNATURE OF SECOND HOLDER	_____ SIGNATURE OF THIRD HOLDER

Signature of Bank Account Holder(s)		
_____ SIGNATURE OF SOLE/FIRST HOLDER	_____ SIGNATURE OF SECOND HOLDER	_____ SIGNATURE OF THIRD HOLDER

Banker's Verification

The Bank Account Number & Signature of Account Holder has been verified.

Name of Authorised Signatory of Bank _____

Designation and Employee Number of Authorised Signatory of Bank _____

Date: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	_____ SIGNATURE OF AUTHORISED SIGNATORY OF BANK WITH BANK SEAL
D	D	M	M	Y	Y	Y	Y		
CHECKED	TICK FOR VERIFICATION BY BANK								
1. All Demat Account Holders should sign on the request form.	<input type="checkbox"/>								
2. Confirm whether Demat Account & Savings Account of the applicant are active. (In case of closed Account, the same needs to be intimated to the customer)	<input type="checkbox"/>								
3. In case the name of the holder is not mentioned on the cancelled cheque, Banker's verification should be obtained.	<input type="checkbox"/>								
4. Bank Account Number given on the cancelled cheque should match with the account number given on the request Form.	<input type="checkbox"/>								
5. All Demat Account Holder's signature should match with the Demat records.	<input type="checkbox"/>								
6. Name of the Account Holder on the request letter, Demat Account & Savings Account should match.	<input type="checkbox"/>								

Acknowledgement

We have received your request for change in Bank Account details:

DP ID

--	--	--	--	--	--	--	--

 Client ID

--	--	--	--	--	--	--	--

 SR No. _____

Demat Account Holder's Name _____

IDFC Bank Official Name _____

IDFC Bank Official Signature _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---