SGB SERVICE REQUEST FORM



Please complete this form in Black Ink and in CAPITAL LETTERS or where applicable In case, SGB holding is in Demat mode, modification request shall not be processed. All fields marked '*' are Mandatory	Application Date
CUSTOMER DETAILS	
Customer ID Investor ID	
Account No. No. of SGB Units	S
Applicable for all Tranches / Certificate No.:	
Customer Name	
CHANGE IN BANK DETAILS	
Bank Name	
Account No.	Code
Account Type Savings Account Current Account	
*Required cancelled cheque along with form	
CHANGE OF ADDRESS / EMAIL ID / MOBILE	E NO. DETAILS
* Details should be captured as per Bank Records only.	
Address Email Id Mobile No.	
DEMATERLIZATION OF SGB UN	IITS
DP First Holder Name	
DP Type NSDL CDSL	
DP ID Client ID	
REGISTRATION / ADDITION / CANCELLATIO	N OF NOMINEE
Nominee Name	
DOB of Nominee DD MM YYYYY Relationship	p with Nominee
Guardian Name (In case nominee is Minor)	
Relationship with Guardian	
DEATH CASE	
In case of SGB Holder's death, please fill the 'Transfer of SGB Units' instruction in the n	next page and visit our nearest branch for
further documentation	
	Signature of SGB Holder



	TRANSFER OF SGB UNITS																														
Name of Transferor																												\Box		L	
No. of Units					Units	Hel	d in I	⊐P	hysid	cal (*if L	Jnits	s in	De	mat	i, su	bmi	t th	e re	eque	est t	ıT o	rans	fero	r Br	oker)				
Name of Transferee																												\Box		L	
If Existing SGB Holde	er (Pr	ovide	e Inv	est)	or Id											P	1 NA	No.	(*PA	N Car	d cop	у Маг	ndatory	y)			I	\perp	\perp		
								В	ANK	DE	ΤΑΙ	ILS	OF	TR	AN	SFE	RE	E													
Bank Name			T			T			Т						T							T	T					T			
Account No.																IFS(C Cd	ode													
Account Type		Sa	aving	js A	ccou	ınt				Cur	rent	t Ac	COL	unt																	
*Required cancelled cheque along with form																															
									DP C	DET.	AIL	s o	FT	RA	NS	FER	REE														
DP First Holder Name)				Ш																							\perp			
DP Type		NSE)L		CI	DSL			_																						
DP ID		\perp	\perp		Ш									С	lien	t ID											Ш				
Gender		Mal	е		Fe	emal	е							D	ate	of E	Birth		D		Μ	М		Υ	Y	Υ					
*if Customer having Bank Account with IDFC FIRST Bank, no need to fill below details. All the below details should be captured as per Bank records only.																															
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Address 1																														L	
Address 2		\Box	\perp		Ш																							\perp	\perp		
City									_Sta	te _																_ PII	N	\perp			
Email Id	Mob													lobi	le N	No.															
NOMINEE DETAILS OF TRANSFEREE																															
			_					NOI	MINE	E	DET	AIL	SO)F 1	RA	INS	FER	133													
Nominee Name	Ш				Щ																									<u></u>	
DOB of Nominee	D	D	Μ	Μ		YY	Υ	Υ						R	elat	ions	ship	wit	h N	omi	nee										
Guardian Name (In case nominee is Minor)		\perp	\perp																								\perp	\perp			
Address 1																											I	\perp	\perp		
Address 2																												\perp		L	
City									_ St	ate .																_ PII	N	\perp			
Email Id														M	lobi	le N	0.														
*SGB Certificate is Mandatory Signature of Transferor																		9	Siar	natu	re o	f Tr	ans	sfere	e						
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