Form Code: SIHL BK 001

Date: DD / MM / YYYY



REGD.OFFICE: 'SIHL HOUSE', Opp. Ambawadi Jain Temple,

Nehrunagar Cross Road, Ahmedabad-380015, Phone: 079-4107 2222,Fax: 079-30029029 Website: www.sihl.in, Email: helpdesk@sihll.in

APPLICATION FORM FOR CHANGE IN BANK DETAILS

_	DL : IN 300343 SL : 12029300	NSDL		CDSL		TRADING	
Demat Clier	nt ID			Trading	Client Code :		
Name Of So	ole/ First Holder						
Name Of Se	cond Holder						
Name Of Th	ird Holder						
Present Bank Details				New Bank Details			
Bank A/c Type.:				Bank A/c Type.:			
Bank Ac No.:				Bank Ac No.:			
MICR No.:				MICR No.:			
IFSC Code :				IFSC Code :			
Bank Name				Bank Name :			
Branch Name :				Branch Name :			
Branch Address :				Branch Address			
City:		Pin Code :		City:		Pin Code :	
Documents I			t/Voter ID/Driving		Name. Bank Na	ame).	
more than 2 r				ue. Only one copy o	f Passbook or I	Bank statement of new bank	: (Not
	1st Holder		2nd Holder			3rd Holder	
Name			0 -				
Signature	(1)		eg ?		8		,
	IN-PE	RSON VERIFICATION	N-SHAH INVES	STOR'S HOME LTD-I	N 300343, 1202	29300	
6		ed)			B		
First Holder's Signature Second			Second Holder	r's Signature Third Holder's Signature		Third Holder's Signature	
Name of the I	Employee :			c	Signature :		
Name of the Employee :Date :Branch Name							
		D-4-	OFFICE U			.4 -	
=ntered By _		Date	verified	а ву	Da	ate	
		ACKNOWLED	GEMENT FOR	CHANGE IN BANK [DETAILS		
Your request	for Client ID No					d in our records.	
Name of Brar	nch/Subbroker/Franchis	see					
Received by							
						SIHL Stamp & Date	
						and a part	

REGD. OFFICE: 'SIHL HOUSE', Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad - 380 015. **Phone:** 079-4107 2222, **Fax:** 079-3002 9029, **Website:** www.sihl.in, **E-mail:** helpdesk@sihl.in