



**REGD. OFFICE:** P04-01E, Tower A, World Trade Centre, Gyan Marg, Gift City, Gandhinagar – 382355.  
**CORR. OFFICE:** 'SIHL HOUSE', Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad-380 015  
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**APPLICATION FOR CHANGE IN SIGNATURE**

Date : .....

|                                 |   |                      |  |
|---------------------------------|---|----------------------|--|
| IN DP NSDL : <b>IN 300343</b>   | <input checked="" type="checkbox"/> <b>NSDL</b> | <b>Unique ID:</b>    |  |
| IN DP CDSL : <b>IN 12029300</b> | <input type="checkbox"/> <b>CDSL</b>            | <b>Trading Code:</b> |  |
| Demat CLIENT ID:                |   |                      |  |
| Name of 1st (Sole) Holder :     |   |                      |  |
| Name of 2nd Holder :            |   |                      |  |
| Name of 3rd Holder :            |   |                      |  |
|                                 | <b>Old Signature</b>                            | <b>New Signature</b> | <b>Bank Stamp &amp; Bank Manager Signature</b> |
| 1st Holder                      |   |                      |  |
| 2nd Holder                      |   |                      |  |
| 3rd Holder                      |   |                      |  |

\_\_\_\_\_ First Holder OLD Signature      \_\_\_\_\_ Second Holder OLD Signature      \_\_\_\_\_ Third Holder OLD signature

**Note:** 1. New Signature should be duly attested by client's Banker. Bank Stamp and Manager Sign Required  
 2. Applicant(s) should come personally

**Documents Required:** Self attested PAN card copy of all holders.

**IN-PERSON VERIFICATION- SHAH INVESTOR'S HOME LTD - IN 300343, IN12029300**

\_\_\_\_\_ First Holder NEW Signature      \_\_\_\_\_ Second Holder NEW Signature      \_\_\_\_\_ Third Holder NEW Signature

|                       |             |
|-----------------------|-------------|
| Name of the Employee: | Signature:  |
| Ecode                 | Branch Name |

**OFFICE USE ONLY**

Entered By..... Date ..... Verified By ..... Date .....

**ACKNOWLEDGEMENT FOR CHANGE IN SIGNATURE**

Your request for Client ID No.....on Date .....is received and will be entered in our records.

Name of Branch/Subbroker/Franchisee

Received by: .....

Place:.....

**SIHL Stamp & Date**