

CFS FINANCIAL SERVICES PVT LTD
 Regd. Office – F-1, Green Park Main, New Delhi - 110016
 Dealing Office - DSS No-13&14, HUDA Market, Sector – 30, Faridabad, Haryana - 121001
 Telephone no - 0129-4103636, email – dp@cfstradecity.in
 NSDL DP ID: IN301918

Client ID: _____ CLIENT CODE: _____ Date: _____
 Client Name: _____

COMMUNICATION OF CHANGE OF ADDRESS

Dear Sir,
 Kindly make a note of change in my/own address as given below in your records:

<u>PRESENT ADDRESS</u>	<u>NEW ADDRESS</u>
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City / State: _____	City / State: _____
	Pin : _____; Phone/Mobile : _____
	Email Id.: _____

Note: Please attach PAN card copy, proof of address Self Certified

COMMUNICATION CHANGE OF BANK DETAILS

Dear Sir,
 Kindly make note of change in my/our bank details as given below in your records.

<u>Present Bank Details</u>	<u>New Bank Details</u>
Bank A/C No. _____	Bank A/C No. _____
Bank A/C Type _____	Bank A/C Type _____
MICR No. _____	MICR No. _____
Bank Name _____	IFSC Code _____
Bank Address1 _____	Bank Name _____
Bank Address2 _____	Bank Address1 _____
	Bank Address2 _____

Note: Please attach Cancelled Cheque of latest Bank.

Gross Annual income:- Below 1 Lac Rs.1-5 Lacs Rs. 5-10 Lacs Rs. 10-25 lacs More than 25 Lacs

Mobile No: _____ SMS Flag: e-mail: _____

Mode of receiving Statement of Account Physical Form Electronic Form

Note:-For receiving Statement of Account in electronic form:

The Client(s) is/are aware that it will not receive the transaction statements in paper form, Client must ensure the confidentiality of the password of the email account, Client must promptly inform the Participant if the email address has changed. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

I hereby declare that the aforesaid mobile number or E-mail ID belongs to Me or My family

Signatures: 1st Holder

2nd Holder

3rd Holder