

Indbank Merchant Banking Services Ltd  
 1st Floor, Khivraj Complex 1  
 480 Anna Salai , Nandanam  
 Chennai 600 035

										Date	D	D	M	M	Y	Y	Y	Y
DP ID										Client ID								

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to update demat account in my/ our as per following details:-

**Holders Details**

Sole / First Holder's Name	
Second Holder's Name	
Third Holder's Name	

**Type of Account (Please tick whichever is applicable)**

Other Details Gross Annual Income Details	<b>Income Range per annum:</b>
	<input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000

<b>Email ID 1<sup>st</sup> Holder:</b> <b>Email ID 2<sup>nd</sup> Holder:</b> <b>Email ID 3<sup>rd</sup> Holder</b>	<b>Mobile No 1<sup>st</sup> holder:</b> <b>Mobile No 2<sup>nd</sup> holder:</b> <b>Mobile No 3<sup>rd</sup> holder:</b>
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**MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)**

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
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Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.)

<input type="checkbox"/> first Holder	<input type="checkbox"/> All Holder	Email id:
	Second Holder	
	Third Holder	

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

===== (Please Tear Here) =====

**Acknowledgement Receipt    Application No.:**                      **Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

**Depository Participant Seal and Signature**

===== (Please Tear Here) =====