SIGNATURE MODIFICATION FORM



To, Maximus Securities Ltd. (DP ID: IN300409) Sterling Centre, 1st floor, Opp. Divine child high school, Andheri-Kurla road, Andheri east, Mumbai – 400 093

Dear Sir,

I/we the undersigned request you to change / modify the signature of the following persons in Demat account with MSL.

	Due to convenience in signing Medical disability – medical certifica official. Unable to remember old sign Others – to be specified by the clien IN300409 Names of Holders	: :		iginal or copy of original to be verified by MSL	
	Medical disability – medical certifica official. Unable to remember old sign Others – to be specified by the clien	: :		iginal or copy of original to be verified by MSL	
	Others – to be specified by the clien IN300409		FNT ID:		
	IN300409		FNT ID∙		
		CLIE	ENT ID:		
	Names of Holders		CLIENT ID:		
1 st		Old Signature		New Signature	
' '					
2 nd					
3 rd					
Emplo	of Bank Official: yee code of Bank Official: ure of Bank Official:			Bank Stamp	
New :	Signature of holder in front of the	e DP Official	Attestati	ion by DP – Signed in presence of	
1st 2nd			Name: Employee code:		
ZIIU			Signature: DP Stamp:		
3rd					
Gen	eral Instruction / Checklist:				
1. All	the holders have to sign in the column for old signature.				
	eason for change in signature has to be mentioned.				
	elf-attested Proof of identity of the holder (originals to be verified by MSL).				
	ew signature has to be duly attested by the respective Banker.				
	older requesting change in signature should personally visit MSL office & sign in presence of DP official in the space provided.				
	teration / Correction on form has to be authenticated by the holders.				