ALDER CAPITAL

Change in Mobile No./Email ID Form

Date:
ARN No
Distributor Name
RM Name
Client ID

To,

Alder Capital Advisors LLP 503, Morya Blue Moon, Off New Link Road, Andheri-West, Mumbai-400053

Dear Sir/Madam,

Sub: Change in Mobile No./Email ID

I/We wish to change/update

my/our Mobile No./ Email ID details in the record of Alder Capital PMS A/c.

(Please tick (V) whichever is applicable)

Change in Email ID

	1 st Applicant	2 nd Applicant	3 rd Applicant			
New Email ID						

Change in Mobile No.

	1 st Applicant	2 nd Applicant	3 rd Applicant			
New Mobile No.						

Further, I/ we confirm that any change in our above details will be brought to your notice immediately.

Thanking you, Yours truly,

Signature (1 st Applicant)	Signature (2 nd Applicant)	Signature (3 rd Applicant)
1 st Applicant Name	2nd Applicant Name	3rd Applicant Name

AXIS BANK

Axis Bank Ltd., Depository Services, Gigaplex, Building no. 1, 4th Floor, Plot no. 1.T.5, MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai – 400708. Email ID: dp.operations@axisbank.com Application for availing e-depository Services

	nch						Date			DN	M N	N	Y	ΥY	Y			
Dear Sir, I/We hold a Demat Account with your branch. The details of my/our relationship are as under:																		
Demat Account Number **:	I	Ν	3	0	0	4	8	4	-	-								
I/We would like to subscribe for the following e-D whichever is required)	epositc	ory s	ervice	e(s) as	s per	the t	erms	and	COI	nditio	ons a	app	ende	ed bel	ow. (Please	e tick	< (🗸)
Internet Banking Depository and Tele Depose	itory S	ervi	ice :															
I/We require access to my/our above mentioned D Internet Banking User-ID of Demat account holder			ount t	hrou:	gh In	iterne	et Bar	nking	g / v	websi	ite a	and	Tele	Depo	ository	/. The	exis	sting
Bank Cust ID of Sole/ First Holder :																		
Bank Cust ID of Second Holder :																		
Bank Cust ID of Third Holder :																		
Auto E-Mailer Service:																		
I/We would like to have the statement of transactio Email Id (please write clearly): The Statement can be emailed to us with the follow On Monthly basis On Weekly basis		quer	<u>@</u> ncy (p	ease								lid:						
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Terms & conditions for requisition for DIS bookl through Website and/ or by email	et thro	ugh	n Wek	osite	/ Tele	e Dep	oosito	ory a	nd	Tran	sac	tion	and	l Holo	ding 9	State	men	t
 I/We am/are aware that I/we will not receive the transaction st I/We agree that Delivery Instruction Slip (DIS) booklet request in terms of the NSDL/CDSL requirements entirely as to our risk at my/our registered address for communication as recorded applicable cost (if any) that the Bank may now or subsequent I/We will take all the necessary steps to ensure confidentiality I/We agree that the transaction statement may be acc I/We take the entire responsibility of the same. I/We agree that the transaction statements are sent by e-mail I/We agree that the transaction statements are sent by e-mail I/We agree that the above terms and conditions are in additio PARTICIPANT AND THE PERSON SEEKING TO OPEN AN ACCC 	ed throug & consection of above signature y prescrib and secre cessed by I /we sha e such sec n to and r	gh Int quen state be cy of othe othe vice	ternet E ices. Th d Dema f the log r entition mediate provide n contra	Banking e Bank at Accc gin nar es in ca ely info ed a wr aventio	shall to ount (a me anc use the rm the itten n on of th	be abso s intim d passw confic e DP ab notice is ne term	olved o ated ar vord of lentialit out cha s given is and c	f its du nd reco the In ty / sec ange ii atleas conditi	n e- st 10	/liabilit ed by th net / e-r y of the mail ac days in formin	tes if ne A> mail a logi ddres n adv ng a j	the E kis Ba accol n nai s, if a vance part o	DIS boo ink Lin unt. me an any. e and v of the	oklet re nited fr d passv vice ver "AGRI	word is esa. EEMEN	ed is de le to tir compr	spatcl ne) at omise	hed ed.
Please do the needful at the earliest at my/our sole respon					5													
Signature of Sole/ First Holder***	Signa	ature	e of S	econc	d Hold	der**	*	-			S	igna	ature	of Th	nird He	older'	***	
** Compulsory fields to be provided. *** All DEMAT A	ccount ł	Hold	ers mı	ust sig	In the	form	•											
(For Branch use only)																		
Account holder/s signature/s verified by:																		
Name of the Officer		En	nploy	ee No	Э.			Sig	gna	ature	of E	Emp	loye	e & B	ranch	Stan	np	
(For use at Central Office – Depository Service	es only	/:)																

Processing Unit	Processing Stage	Employee No.	Signature	Seal / Remarks
Central Unit	Account Activation			Internet Banking DP & Tele DP Service
				Auto Emailer Service

Request for Same Mobile Number / Email Id. In Demat Account - Individual

		Date:			
			dd	mm	уууу
DP ID / Client Id.	DP ID.	Client Id.			
Name of Account Holder					
☐ Mobile Number					
🗖 Email Id.					

I hereby declare that the aforesaid mobile number or Email Id. belongs to $\hfill\square$ Me or

□ My family (spouse, dependent children and dependent parents)

Signature 1st Holder Signature 2nd Holder Signature 3rd Holder