ANANDRATHI

APPLICATION FOR CHANGE OF SIGNATURE

Date:								

DP ID CDSL	1	2	0	1	0	6	0									

To,
Anand Rathi Share & Stock Brokers Limited.
Express Zone, A Wing, 10th Floor,
Western Express Highway, Goregaon (East),
Mumbai – 400063 Maharashtra
CIN : L67120MH1991PLC064106

☐ I/We request to carry out the change of signature in the demat account.

☐ I/We request to carry out the change of signature in KRA and demat account.

NEW SPECIMEN SIGNATURE

Sr. No.	NAME(S) OF HOLDER(S) :	SIGNATURE(S)
1		
2		
3		

Reason for change of Signature : ___ _____ _____

Customer's Bank Account type & number _____

Attestation by the Bank with Seal and full Address

_____
Signature of Attesting Authority

_____
Name of Attesting Authority

_____
Designation of Attesting Authority

INSTRUCTIONS :

1. Name(s) should be in the same order as they appear in the Demat account number.
2. The new specimen signature(s) should be attested by an authorised official by mentioning the full address of the bank, where the Demat account holder(s) is/are having his/her Bank account.

Old Signature of Account Holder(s) :

X _____ (Sole/First Holder) X _____ (Second Holder) X _____ (Third Holder)

(FOR OFFCE USE ONLY)

I have verified the proof of identity of the person(s) submitting the form and I am satisfied that the person(s) who has/have signed in my presence is/are the account holder(s).

Name of Person at Demat Counter: _____ Signature: _____

VERSION MAR/2026