

INDO THAI SECURITIES LTD.

	CDSL-4:									1						1	_
Application No.																	
Please fill all the detai	s in Blo	ck Le	etters i	n Eng	lish)												
DP ID							Clier	nt ID	t ID								
Account Holder's De	etails																
Name of First / Sol	e Holde	er															
Name of Second Ho	der																
Name of Third Holde	er																
I/We request: I/We request: /We request you to n	to carry	out	the ch	ange (of addr	ess /	signat	ure	<u>in th</u>	ne KR	A and	l den	nat a				ords.
Details (Pl. s (Please Specify (Address, bank detai number e	Change Is, telep			Addition/Modification / Deletion Existing Details New Detail (Please specify)									tails				
Attach an Annexure	with sig	gnatu	ıre(s))	if the	space a	bove	is four	l nd in	suffi	cient.							
			First/So	ole Ho		Second Hol			older			Third Holder				er	
Name																	
Signature																	

0731 - 4255800 Fax: 4255845

Page 1 Capital Tower, 2nd Floor, Plot Nos. 169A-171, PU-4, Scheme No. - 54, Indore, Madhya Pradesh 452 010

welcome@indothai.co.in www.indothai.co.in



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knowledgment Receipt												
ceived Account Details Addition	on / Mod	dification / De	eletion	ns requ	est as	per d	etails	givei	n belo	ow:		
Application No.												
DP ID					Clien t ID							
Name of the Sole Holder	/ First										I	
Name of Second Holder	joint											
Name of Third joint H	older											
Modification requeste	Modification requested for:											
[Coocify reacon]	1											

------Please Tear Here ------

Depository Participant Seal and Signature





