

APPLICATION FOR CHANGE OF SIGNATURE

Date: _____

A/C no : _____

DP ID IN302814

To,

The Manager,**Kotak Mahindra Bank Ltd.**

Madhu Industrial Estate,

3rd Floor, Pandurang Budhkar Marg,

Worli, Mumbai: 400 013.

Sole/ First Holder : _____**Second Holder :** _____**Third Holder :** _____**SPECIMEN SIGNATURE****NAME (S) OF HOLDER(S):****SIGNATURE (S)**

1. _____

2. _____

3. _____

Customer's Bank Account type and Number: _____

Attestation by The Bank with
Seal And Full Address

1) Signature of attesting authority

2) Name of attesting authority

3) 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 authorized official by mentioning the full address of the bank, where the Demat account holder(s) is /are having his/her account.

Old Signature of the Account Holder(s):

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