



INDOC No.

DP ID No. : 13019300
SEBI Regn. No.: IN-DP-CDSL-80-2000

State Bank of India

DP Centralised Processing Cell, CMC House, C-18, Bandra-Kurla Complex, Bandra (East), Mumbai 400 051.
• Help Desk: 1800 22 0488 (Toll free for MTNL/BSNL users) / Ph.: 022-26592123 • Fax : 022-26592127 • Email : querydp@sbi.co.in

Account Details Addition / Modification / Deletion Request From Depository Participant Name / Address

Application No. : <input style="width: 95%;" type="text"/>	Date :	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID	<input style="width: 98%;" type="text"/>	Client ID	<input style="width: 98%;" type="text"/>
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Account Holder's Details	
Name of the First / Sole Holder	<input style="width: 98%;" type="text"/>
Name of the Second Holder	<input style="width: 98%;" type="text"/>
Name of the Third Holder	<input style="width: 98%;" type="text"/>

I/We request you to make the following addition / modifications / deletions to my/our account in your records.

Details (Pl. specify change of address, bank details, telephone number, e-mail etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

Name(s) of the holder(s)	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Signature(s) of the holder(s)	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
	First / Sole Holder	Second Holder	Third Holder

Name and Signature of the Branch official	For DPCPC Use
	Approved for modification Name and Signature of the Authorised Signatory

Acknowledgement Receipt

Received Account Details / Modification / Deletions Request as per details given below :

Application No. : <input style="width: 95%;" type="text"/>	Date :	D	D	M	M	Y	Y	Y	Y
DP ID	<input style="width: 98%;" type="text"/>	Client ID	<input style="width: 98%;" type="text"/>						
Account Holder's Details									
Name of the First / Sole Holder	<input style="width: 98%;" type="text"/>								
Name of the Second Holder	<input style="width: 98%;" type="text"/>								
Name of the Third Holder	<input style="width: 98%;" type="text"/>								
Reason for Closure	<input style="width: 98%;" type="text"/>								