



APPLICATION FOR CHANGE OF SIGNATURE

To
ACEMONEY INTERMEDIARIES PRIVATE LIMITED

Date: _____

907, 9th Floor, Kailash Building,
26, K.G. Marg, New Delhi-110001

Dear Sir/Madam,

Sub: Request for change of signature

Trading Client Code _____ Demat Account No. _____ DP ID 12033400. I/We want to change my/our signature(s) registered in your records due to the reason(s) mentioned below.:

☐ Signature changed after a period of time

☐ Unable to remember old signature

☐ Medical Disability

☐ Others (Please specify _____)

Name of the account holder(s) whose signature is/are to be changed	New Signature(s) of the account holder(s)
1)	
2)	
3)	

New sign to be attested by Demat/Trading account holders Bank manager with seal and stamp of Bank and sign confirming the new signature

Name & Address of Bank	Client PAN No.	Bank Account No.	Signed in presence of
			(Signature, Name & Designation of Banker)

I/We do hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.

Signature to be affixed in presence of our Authorized official:

Name of the account holder(s)	Signature(s) of the account holder(s)
1)	
2)	
3)	

For Acemoney Office Use only

Attestation by **Authorized Official of Acemoney** – Signed in my presence

Name of Authorized Official : _____

Branch code : _____

Signature of Authorized Official : _____

Note:

*Valid Proof of Identity of account holders whose signature has to be changed is required

*Reason for change in signature has to be mentioned; in case of medical disability medical certificate of appropriately qualified doctor to be submitted stating that client is unable to sign properly.