

FORMAT OF REQUEST - FOR COMMON EMAIL & MOBILE NUMBER**ZUARI FINSERV LIMITED**

Regd. Office : Jai Kisaan Bhawan, Zuarinagar, Goa-403 726 (India)
 Corporate Office : Plot No. 2, Zamrudpur Community Centre,
 Kailash Colony Extension, New Delhi-110048
 Tel : +91-11-46474000/30483800 | Fax : +91-11-41608276

Date

D	/	M	/	Y	-	Y	-	Y	-	Y
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[Please tick (✓) wherever applicable]

DP ID

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Demat Account No

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 Mobile No.

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Trading Account No.

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 Email ID

	I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).	I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).	I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).
	Sole / First Holder	Second Holder	Third Holder
Signature of account holder(s)	✓	✓	✓
Name of Account Holder			