

APPLICATION FOR CHANGE OF SIGNATURE - INDIVIDUAL

To,
Religare Commodities Limited
 A-3/4/5, GYS Global, Sector-125, Noida – 201301(U.P)

Date.....

Trading Client Code: _____

I want to change my signature due to the reason mentioned below.:

- Signature changed after a period of time Unable to remember old signature Medical Disability
 Others (Please specify _____)

Name of the account holder whose signature is to be changed	New signature of the account holder

New sign to be attested by account holders BANK manager with seal and stamp of Bank and Official's sign confirming the new signature.	
Name & Address of Bank	Signed in presence of
_____ (Name, Signature & Code of Bank Manager)	

New signature to be affixed in presence of Authorized official

Name of the account holder whose signature is to be changed	New signature of the account holder

Attestation by Authorized Official of RELIGARE – Signed in my presence	
Name of Authorized Official _____	Signature of Auth. Official : _____
Branch code: _____	

- Note:
- o Valid Proof of Identity of account holders whose signature has to be changed is required.
 - o 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.