



Kosamattam Finance Limited

Floor No 4th & 5th, Kosamattam City Center,
T B Road , Kottayam -686001

Ph : 0481 2586400 ,Email @ dp@kosamattam.com

BANK MODIFICATION FORMAT

Date: / / 20

DPID	1	3	0	7	9	2	0	0	CLIENTID										
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I /We request you to make the following modifications in my demat Account.

CLIENTNAME									
BANK A/C NO									
BANK NAME									
BANK ADDRESS									
CITY					PIN CODE				
IFS CODE									
MICR no									
BANK AC TYPE		Savings <input type="checkbox"/>			Current <input type="checkbox"/>			Others <input type="checkbox"/>	

	First / Sole Holder	Second Holder	Third Holder
Signatures as per DP			

For office use only

Entered by	Verified by	DP STAMP

Proofs to be submitted: Name printed cheque leaf, Bank passbook with Name and address of BO or Bank statement with not more than 3 months old. MICR and IFSC code should be there with the proofs.