

To,  
 The Compliance Officer  
 Bank of India, CDSL / NSDL DPO  
 Bank of India Bldg, 1<sup>st</sup> Floor,  
 70-80, M.G. Road, Fort,  
 Mumbai 400001.

Date:

CDSL  NSDL Demat account Number \_\_\_\_\_

Sub: Application for updation of mobile / email id/ income details (To be filled in CAPITAL letters only)

Details of Account Holders			
	Sole/First Holder	Second Holder	Third Holder
Client Name			
Mobile No			
Mobile No Declaration (*Family to strictly include spouse dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Mobile no belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'	I hereby declare that the Mobile no belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'	I hereby declare that the Mobile no belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'
Email ID			
Email ID Declaration (*Family to strictly include spouse dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family *(Specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents'
Gross Income Range Per Annum (Rs. In Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1Cr <input type="checkbox"/> >1Cr
Networth :(Should not be older than 1 year)	Amount (Rs.) _____ As on date :	Amount (Rs.) _____ As on date :	Amount (Rs.) _____ As on date :

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

Holder Signature			
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