

CHANGE OF ADDRESS FORM



Give us your worries...Take home the returns

Account Opening Unit

BRANCH NAME / SIGN VERIFIED BY / DT. STAMP

Eastern Financiers Ltd. – Depository Services

Dealing Office :
"LORDS"
7/1, Lord Sinha Road, (1st Floor), Suite No. : 102 & 104
Kolkata-700 071

Dear Sir,

Please change my correspondence address as per the details given below.

1. FILL ALL DETAILS IN CAPITAL LETTERS. 2. *PIN CODE MANDATORY.

CLIENT ID NO.		DP ID NO.	IN	3	
OLD ADDRESS					
City			*PIN CODE		
NEW ADDRESS					
City			*PIN CODE		
Telephone No : OFF -		RESI -		MOBILE -	
				FAX -	

Further the Nominee's address should be same as mailing address given above.

YES () NO () Please tick whichever is applicable.

Thanking You

(Name & Signature of all Depository Account holders is required to do the necessary changes. In case the request is not signed by all the demat account holders the request will be rejected).

1. Please provide us with documentary proof clearly mentioning the new address (any one of the following given below) :
Telephone (not more than 2 months old) / Electricity bill (not more than 2 months old) / Bank passbook, Leave License agreement, Agreement to sell, any bank attested account statement, specifying new address, etc.
2. Proof of identity (copy of Client's valid Passport / Driving License / Voter Card or PAN Card with photograph).
3. Transaction statement of the demat account.