Account Details Addition / Modification / Deletion Request Form
FOR NERL CLIENTS   (Please fill in Block Letters Only)

Application No:
(To be filled in by RP)
Date:

Repository Participants (RP) Name

Account Holder's Details:

R P I D   **Client ID**

Name of Client

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone no etc.	Addition/Modification/Deletion (Please Specify)	Existing Details	New Details

Document/s Submitted (Specify here) _____

Name	First Authorized Signatory	Second Authorized Signatory	Third Authorized Signatory
Signature			

INPERSON VERIFICATION (FOR OFFICE USE ONLY)

Application No: ☐☐☐☐☐☐☐☐☐☐☐

Client ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Documents verified with Originals: | YES | | NO |

Employee Name	
Employee Code	
Designation	
Signature	

Date ☐☐☐☐☐☐☐☐

Repository Participants Seal

--**Please tear here**--

<u>Acknowledgement Receipt</u>

Application No: ☐☐☐☐☐☐☐☐☐

We hereby acknowledge the receipt Account Details Addition / Modification / Deletion Request Form.

Name of the Client: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Client ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Employee Name	
Employee Code	
Designation	
Signature	

Repository Participant Stamp with Date & Time