



# THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Cosmos Heights, 269/270, Shaniwar Peth, Pune 411 030. Ph. : 24456591, 24409253 Email : dematcell@cosmosbank.in

## Depository Service Cell

DP ID : IN301098

Date :

To,  
The Manager,

Br. / Depository Service Cell

### Subject : Change of Address / Contact Details / Bank Details

Sir / Madam,

I / We have a demat account with your bank. My demat account number is

I / We request you to change my / our permanent / correspondence address of the said account as given below :-

Old Address

New Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin Code

Pin Code

I / We are submitting herewith the following document as a proof of address change.

( You can tick out any one) (Photo ID Proof & Address Proof of all account holders is required)

Ration card  Telephone Bill  Electricity Bill  Bank A/c Statement / Pass Book  Passport  Driving License  Election Card  PAN Card

Latest Telephone Bill / Electricity Bill / Bank A/c Statement / Pass Book : Not more than two months old.

I / We request you to update Telephone / Mobile Number / Email ID as follows :.

	Sole / First Holder	Second Holder	Third Holder
Name			
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhar Card No.			
Phone No.			
Mobile No.			
SMS Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Range P.A.₹(in Lakh)	<input type="checkbox"/> < 1 <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10 - 25 <input type="checkbox"/> > 25	<input type="checkbox"/> < 1 <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10 - 25 <input type="checkbox"/> > 25	<input type="checkbox"/> < 1 <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10 - 25 <input type="checkbox"/> > 25

Sole / First holder Email ID \_\_\_\_\_

I/We wish to receive statement of account in, Physical Form  Electronic Form\*

Receive Annual Report, AGM notice and other communication in Physical form

Second Holder Email ID \_\_\_\_\_

Receive Annual Report, AGM notice and other communication in Physical form

Third Holder Email ID \_\_\_\_\_

Receive Annual Report, AGM notice and other communication in Physical form

#### \* For receiving statement of account in electronic form :

1) Client must ensure confidentiality of the password of the email account. 2) Client must promptly inform the participant if the email address has changed. 3) Client may opt to terminate this facility by giving 10 days prior notice, Similarly, participant may also terminate this Facility by giving 10 days prior notice.

I / We request you to change Financial / Billing as given below :.

	Previous Details	New Details
Financial (For Dividend)		
Bank		
Branch		
SB / CA Account No.		
IFSC Code		
MICR Code		
Billing (For Demat Charges)		
Account No.		
Branch		

( In case of bank details other than Cosmos Bank, enclose a copy of the cancelled cheque / Latest statement of account)

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature/s			

**For Office use only**

Proof of New Address, Contact, Bank Details & ID proof is verified from original \_\_\_\_\_ (Sign.)

Address is changed Contact, Bank Details in DPM system \_\_\_\_\_ (Sign.)

Letter is dispatched to New Address Dt. \_\_\_\_\_ Sign. \_\_\_\_\_

<b>The Cosmos Co-operative Bank Ltd.</b>		
Received at _____		
Branch _____	H.O.DSC	Entered
Tie-up Bank _____		
Date : _____	Date : _____	Date : _____
Sign. _____	Sign. _____	Sign. _____

Instruction ID	
Entered by	
Verified by	

No.: 7100 / 3000 / 11-2020



# COSMOS BANK

THE COSMOS CO-OP BANK LTD. (Multistate Scheduled Bank)

To,  
The Manager  
Depository Service Cell

[Please tick (v) wherever applicable]

DP ID	IN301098	Client ID		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family ( <i>spouse, dependent children and dependent parents</i> ).					
Signature of account holder					
Name of account holder					