REQUEST FOR CHANGE IN CONTACT DETAILS

Place: Date:

To, The Branch Manager
KCG Nidhi LtdBranch Date of Request:
Customer Name: SERTIFICATE NO.
Member Id:CERTIFICATE NO. :
1. MOBILE NUMBER (FOR SM.S ALERT):
2. LANDLINE NUMBER (Res):
LANDLINE NUMBER (Off):
3. EMAIL ID
4. PERMANENT ACCOUNT NUMBER(PAN) :(PAN Card copy need to be submitted)
5. ADHAR CARD NUMBER :(Adhar Card copy need to be submitted)
6 DATE OF BIRTH (DOB proof pood to be submitted)
., 6. DATE 0 F BIRTH :(DOB proof need to be submitted)
7. CHANGE OF MAILING ADDRESS (In case of joint holders, each holder needs to fill a separate form)
NEW MAILING ADDRESS (Please leave space between two words)
Landmark*: State*:
City*: Pin Code*:
DOCUMENT FOR PROOF OF ADDRESS (Address proof Mandatory for Change in Address):
DOCUMENT IDENTI FIC.ATION NUMBER: ISSUING AUTHORITY: PLAC.E OF ISSUE:
ADDRESS PROOF :- (Copy of any two documents need to be submitted.)
a) Ration b) Pass Port c) Adhar d) Electricity e) Telephone/Mobile Bill Card Bill
I) Driving 8) Others (please specify) : License
Please strike off the fields which are not applicable
1 2 3 4 5 6 7
I have read, understood and agree to the terms and conditions to various products and services. I accept and agree to the Terms &
Conditions which have been explained to me for the above said request.
DATE: PLACE: CUSTOMER SIGNATURE:
FOR BRANCH OFFICE USE ONLY
SR. NO. :- Certified that this Request Letter is complete in all respects & all relevant documents are obtained & verified mode of operation and
signatures of the Customer. REQUEST ACCEPTED BY:
EMPLOYEE CODE :
Designation: Signature: