

To Date: _____



The Manager,
M/s. Shriram Financial Services Pvt. Ltd.
Reg. Off: Rukmini Towers, 3rd & 4th Floor,
3/1, Platform Road, Sheshadripuram
Bangalore - 560020
Phone: 08043676869 Fax No: 080 -43676999

Dear Sir / Madam,

Sub: Change of Signature

NSDL DP – IN303077	Client ID								
CDSL DP – 12062900	Client ID								
CDSL DP – 12031500	Client ID								

With reference to the above, Kindly update the below mentioned Signature in your records

Holders	Old Signature	New Signature
First/Sole Holder		
Second Holder		
Third Holder		

Reason for change in Signature: _____

Please submit along with Banker's attestation and self-attested ID proof.

Thanking you.

Yours truly,

Name and Signature
First / Sole Holder

Name and Signature
Second Holder

Name and Signature
Third Holder