

Stock Holding Corporation of India Ltd.[®]

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
 Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

Format of Request (Declaration for same email & mobile number) / updation request
 [Please tick (v) wherever applicable]

DP ID: _____ Client ID: _____

I/we the undersigned hereby request StockHolding to update following details in my/our aforesaid demat account:

	1st Holder	2nd Holder	3rd Holder
MOBILE NO	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> <p>SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> <p>SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> <p>SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>
EMAIL ID	<hr style="border: 0.5px solid black;"/> <p>The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>	<hr style="border: 0.5px solid black;"/> <p>The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>	<hr style="border: 0.5px solid black;"/> <p>The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family</p> <p> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents </p>

Signature of Holders: _____

First Holder

Second Holder

Third Holder