

Account Modification Form

I / We request you to make the following modifications to my / our PMS account _____ in your records:

ACCOUNT DETAILS MODIFICATION


Details (Please specify)	Existing Details	New Details
<input type="checkbox"/> Change in Telephone / Mobile No.		
<input type="checkbox"/> Change in Email Id		
<input type="checkbox"/> Change in Address		
<input type="checkbox"/> Change in Bank Details		
<input type="checkbox"/> Change in Name		

Instructions to Account Holder(s)

- Submit a self-attested copy of latest Address proof for change in address.
- Submit a self-attested copy of latest Bank Statement / Passbook or a cancelled cheque for change in Bank details.
- Submit a self-attested copy of latest PAN and proof of address.

CHANGE IN MODE OF OPERATION (For Joint Accounts Only)

Single
 Joint
 Anyone or Survivor

	First / Sole Applicant	Second Applicant	Third Applicant
Name			
Signatures 			

Date: _____

Place: _____