REQUEST FOR CHANGE IN CONTACT DETAILS

To, The Branch Manager

.Jayant India Nidhi Ltd _____ Branch Date of Request: _____

Customer Name: [ ]

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 0 F BIRTH :(DOB proof need to be submitted) [ ][ ][ ][ ][ ][ ][ ][ ]

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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 Card [ ] b) Pass Port [ ] c) Adhar Card [ ] d) Electricity Bill [ ] e) Telephone/Mobile Bill [ ]

I) Driving License [ ] 8) Others (please specify) : _____

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. :- _____

REQUEST REC-EIVED DATE: _____

REQUEST ACCEPTED BY : _____

EMPLOYEE CODE : _____

Designafion: _____

Certified that this Request Letter is complete in all respects & all relevant documents are obtained & verified mode of operation and signatures of the Customer.

FOR, Jayant India Nidhi Ltd.

Signature: _____