

Date ;

To,

Sushil Finance Consultants Ltd.

Depository Section

12th Homji Street,

Fort, Mumbai 400 001

Subject: Application for change of Signature(DP ID – 028900)

Ref. BO ID : 12028900

Sole/First Holder : _____

Second Holder : _____

Third Holder : _____

Name(s) of Holder(s)	<u>Specimen Signature</u>	Signature(s):
1. _____		_____
2. _____		_____
3. _____		_____

BO's Bank Name _____

Account type and number _____

Attestation By the Bank with
Seal And Full Address

1) Signature of attesting authority

2) Name of attesting authority

3) Designation of attesting authority

Old Signature of Account Holder(s):

(Sole/First Holder)

(Second Holder)

(Third Holder)