

**Affidavit (For Change of Signature / Non-availability of signature/Inability to sign due to old age and health problems/ Difference in Name)**

**Kindly read the instructions enlisted below carefully before executing this Affidavit**

**Important Instructions for filling the Affidavit**

- i. Before signing, kindly get the Affidavit franked with an amount of Rs.100/- or affix Special Adhesive Stamps of Rs.100/- or reproduce the text on Non-Judicial Stamp Paper of equivalent amount.
- ii. The Non-Judicial Stamp Paper must be purchased in the name of the accountholder. The date of execution of Affidavit should be within six months from the date of purchase.
- iii. Kindly submit proof of old address (in case of change) i.e address recorded with the Company and current address as mentioned under Point No. 2. If you wish to record your new address against the below folio, please forward to us **a separate request letter**, duly signed by the accountholders, as per their signatures on this Affidavit.
- iv. In case there is a difference in signature due to old age and health problems, kindly fill the details as mentioned under Point No. 6. In such cases, kindly submit original Medical Certificate, issued by a Registered Medical Practitioner (registration number of the Medical Practitioner should be mentioned on the original Medical Certificate) giving the reasons for such inability.
- v. In case there is a minor difference in the names of the accountholders on the supporting documents with the one recorded with the Company, kindly fill the details mentioned under Point No. 9. In case of major difference in the names of the accountholders, kindly furnish copy of Government Gazette Notification, duly attested by a Notary Public / First Class Magistrate.
- vi. Kindly provide to us the signature of the sole/all shareholder(s) duly attested by the Bank Manager as per format enclosed along with the cancelled cheque (mandatory).
- vii. Multiple folios will be accepted only if the folios are registered in the same names and in the same order of the holder(s).
- viii. The signatures of the accountholders on this Affidavit and request letter / Demat request Form / Share Transfer Form - Form SH-4/ Transmission Form should be the same.

**Important instructions for attesting the Affidavit**

- i. The date of execution of Affidavit should be same as the date of attestation by the Notary Public / First Class Magistrate.
- ii. The Affidavit should be signed and affirmed by all the accountholders in the presence of the above Authorities. Each page of the Affidavit should be signed by the accountholders and should bear the seal of the Notary Public /First Class Magistrate.
- iii. Full Address of the Notary Public / First Class Magistrate should be mentioned. Court fee /Notarial stamps, as applicable, should be affixed on the Affidavit.
- iv. Notary Book No. and Serial No. should be specifically stated on the Affidavit.
- v. Changes/Alterations/Overwriting made in the Affidavit should be authenticated by the same Notary Public /First Class Magistrate, under their official seal.

I/We 1 \_\_\_\_\_ S/d/o \_\_\_\_\_ aged \_\_\_\_.  
2 \_\_\_\_\_ S/d/o \_\_\_\_\_ aged \_\_\_\_.  
3 \_\_\_\_\_ S/d/o \_\_\_\_\_ aged \_\_\_\_.  
4 \_\_\_\_\_ S/d/o \_\_\_\_\_ aged \_\_\_\_.

Residing at \_\_\_\_\_

\_\_\_\_\_ solemnly affirm  
and declare in favour of \_\_\_\_\_ (Name of the  
**Company**) whose securities are held by the holders whose **Registered Office** ( Name and full  
address of the Registered Office of the Company is printed on all certificate[s], warrant[s] and annual report[s],  
issued by the Company) is situated at \_\_\_\_\_

: 2 :

1. That I/We am/are the sole/joint holders of \_\_\_\_\_ number of shares/ debentures/ bonds (mention the details of TOTAL number of securities) in \_\_\_\_\_ (Name of Company) whose securities are held by the holders as detailed below:

Folio No.	No. of Shares / Debentures/Bonds	Certificate No.	Distinctive Nos. From	Distinctive Nos. To

2. That I/We am/are residing at the above address and have not changed my/our address from the one recorded with the Company for the past 3 years.

*[Kindly furnish copy of proof of old address (in case of change) and present address viz. Valid Passport/ Aadhaar Card/ Voters Identity Card/ Electricity bill/ Telephone (only land line) bill / Latest Updated Bank Account Statement / Passbook [which is not more than 3 months old], duly attested by a Notary Public / Bank Manager / First Class Magistrate. Attestation by Notary Public/ First Class Magistrate should mention their name, full address, registration number and affix their seal, Notarial / Court Fee stamps, as applicable. Attestation by Bank Manager should bear the name, full address and official stamp of the bank. The original counterfoil of dividend / interest warrant will be accepted as old address proof. The address proof should be legible and in the name of the registered accountholder(mandatory)].*

3. That the above shares were acquired by me/us out of my/our own investment/ funds against allotment in Public Issue/ allotment in Right Issue or acquired from the market in the year(s)\_\_\_\_\_.
4. That my/our signature(s) might have changed/ altered by passing of time and therefore I/We request the Company to treat my/our signature(s) as per the records maintained with the Company as cancelled.
5. That my/our specimen signature(s) given below be taken on record in respect of my/our holdings of securities in the Company as mentioned in paragraph 1 above in place of my/ our existing signature(s) in the Company's record.
6. Due to old age and health problems, I now find it difficult to sign as per my signature recorded with the Company. Dr. \_\_\_\_\_ of \_\_\_\_\_ has issued a Medical Certificate in my favour giving the reasons for my inability to sign the relevant documents (Strike out if not applicable)
7. I/We hereby affirm that I/We shall not hold the Company or its Agents in anyway responsible for any consequences that might occur directly or indirectly on account of the Company or its Agents acting on my / our request herein stated by replacing the signature(s) in the Company's records and for the consequential acts/deeds by the Company/its Agent.
8. I/We hereby further affirm that the Transfer Deeds for sale of securities bearing my/our signature(s) as appended herein below can be taken as validly executed by me/us for all purposes and intents of transferring the ownership of securities held by me/us under the Folios as stated in paragraph 1 above / or for dematerialization of securities in the names of the accountholders / for issuance of duplicate share certificate/ for deletion of the name of the deceased shareholder.

9. That, \_\_\_\_\_(name on the share certificates) and \_\_\_\_\_(name on supporting documents) is one and the same person.

I /We hereby affirm that I / We shall not hold the Company or its agents anyway responsible for any consequences that might occur directly or indirectly on account of the Company or its Agents acting on my / our request herein stated on account of replacing the name \_\_\_\_\_ (name on the share certificates) with \_\_\_\_\_ (name as per supporting documents) in the Company’s records and for the consequential acts/deeds by the Company/its agent. (Strike out if not applicable)

**10. That I/we enclose legible self-attested copies of my/our Valid Passport / PAN Card as proof of identity (mandatory for all shareholders)**

11. This Affidavit is executed in favour of the Company/its Agent on my/our own volition and is in the format as required by the Company/its Agent forwarded to me/us vide its letter No. \_\_\_\_\_ dated \_\_\_\_\_

**Verification**

I/We solemnly affirm that the statements contained in the above paragraphs are true to the best of my/our knowledge, information and belief and that nothing material has been concealed from being disclosed.

Solemnly declared and affirmed on Identification at \_\_\_\_\_ on this \_\_\_ day of \_\_\_\_\_.20\_\_

**(Photographs of all accountholders)**

- Specimen signature of \_\_\_\_\_ 1.
- Specimen signature of \_\_\_\_\_ 2.
- Specimen signature of \_\_\_\_\_ 3.
- Specimen signature of \_\_\_\_\_ 4.

Tel. No of the holder.:  
Email id of the holder:

Deponents

\_\_\_\_\_  
\_\_\_\_\_

[Signature of First Class Magistrate/Notary Public]

[Name and full address of  
First Class Magistrate/ Notary Public]  
Registration No. \_\_\_\_\_

**Notary Register at Book No. \_\_\_\_\_ Serial No. \_\_\_\_\_**

Court Fee / Notarial Stamps	Official Seal of First Class Magistrate / Notary Public
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Name of Company :-		Folio No:-	
Names of the holders	1		
	2		
	3		
	4		
Signatures of the holders	1		
	2		
	3		
	4		
<b>1. Kindly update my Address as mentioned below :-</b>			
Phone No :-		Email ID:-	
<b>2, Kindly upate my Bank details as mentioned below:- ( Original cancelled cheque leaf which bears the name of the holder to be enclosed)</b>			
Name of the Bank			
Complete Address of the Branch			
Account type and CBS Account number			
9 digit MICR code			
IFSC			
<b>3. Kindly correct my name in your records as mentioned below (only for MINOR CORRECTION). (Original share certificates to be enclosed for name correction).</b>			
Name as per the records of the Company.		Name to be updated as	
1.			
2.			
3.			
4.			
<b>4. I have lost ----- shares of Rs. /- each. The balance ___ shares bearing distinctive nos. as mentioned below are in my possession.</b>			
Distinctive nos.	No. of shares	Distinctive Nos.	No. of shares.
<b>Kindly tick and mention the details against the point(s) applicable.</b>			

**Confirmation of Signature of shareholder by the Bankers with their official Rubber Stamp  
Giving the full address of the Bank and the Employee Code number of the official signing  
this form.**

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1. Name of the Bank :

2. Full Address of the Bank :

3. STD Code/Telephone No :

4. Type of Account : **Current / SB / HUF / O/D / Others**

5. Name of Account Holder[s]: 1)

2)

3)

6. Address of Account Holder[s] as recorded with the Bank

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Account Number

: \_\_\_\_\_

8. Signature of the Holder/s

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Place:

Date:

Signature Verified as recorded with the Bank

(Sign) \_\_\_\_\_

Bank Manager :

Emp Code :

Rubber Stamp of the Bank

Code No.

Address:

