

INFONIC INDIA FINANCIAL SERVICES (P) LTD

413/19,First Floor, Pavis complex, opp bus stand,sathyamangalam – 638402

BRANCH SHIFTING FORMAT

Dear sir/madam,

I/we,request you to shift my/our trading account with you from the date of this application.The details of my/our account are given below:

Account Holder' s Details					
Client Code					
Client Name					
Address					
City		State		PIN	
Reason For Shifting					

Branch Details	
Present Branch Name with Branch Code	
Signature of Branch Manager (present)	
Proposed Branch Name with Branch Code	
Signature of Branch Manager (Proposed)	

Note: In case of Sub broker client please mention present and proposed Sub broker code in the above table.

(I) _____ (II) _____ (III) _____

Authorized signature(ies)

=====For Office Use Only=====

Name & Signature of the Official effecting the Shifting	
Effect from Date	