

Account Statement Requisition Form

Date: ___/___/___

For data confidentiality & security reasons, request your cooperation in following:

- 1. Statements will be provided to distributors/representatives only if their code is reflecting in their customers' folios.
- 2. Statements will be handed over to investors/distributors/representatives only after verifying recipients ID Proofs.
- 3. Please fill the details as required below.

Please tick any one	<input type="checkbox"/> Investor <input type="checkbox"/> Distributor - ARN No:
Name	
Contact No	
eMail ID	

Sr. No	Investor Name (Mandatory)	Folio No. / PAN /Cheque/Application No. (Any one)

Delivery by : Hand Courier/Post eMail

Recipient's Signature: _____ ARN Stamp/Office Seal: (Mandatory)

Handled By: _____ Date: _____ Time: _____

Account Statement Requisition Form

Date: ___/___/___

For data confidentiality & security reasons, request your cooperation in following:

- 1. Statements will be provided to distributors/representatives only if their code is reflecting in their customers' folios.
- 2. Statements will be handed over to investors/distributors/representatives only after verifying recipients ID Proofs.
- 3. Please fill the details as required below.

Please tick any one	<input type="checkbox"/> Investor <input type="checkbox"/> Distributor - ARN No:
Name	
Contact No	
eMail ID	

Sr. No	Investor Name (Mandatory)	Folio No. / PAN /Cheque/Application No. (Any one)

Delivery by : Hand Courier/Post eMail

Recipient's Signature: _____ ARN Stamp/Office Seal: (Mandatory)

Handled By: _____ Date: _____ Time: _____