



**Bank Details**

Account Type\* Savings  Current  ECS / Original Cancelled Cheque Leaf given\* Yes  No

Account Number\*

Bank Name\*

Branch Name\*

City Name\*  Pin Code\*

MICR Code  IFSC Code

(Compulsory in case of ECS) (Compulsory in case of NEFT)

**Change in Authorised representative**

Relationship with Proposer

Full Name

Gender  Male  Female Date of birth

Address

City  State

Landmark  PIN Code

Country

Phone No.  Mobile No.

Email ID

Place \_\_\_\_\_

Date

Name of the eIA Holder

Signature of the eIA Holder

**For any queries, please contact**

 Toll Free No. 1800 200 5533

 [cirlhelpdesk@cdslindia.com](mailto:cirlhelpdesk@cdslindia.com)

 [www.cirl.co.in](http://www.cirl.co.in)

**Approved Person Details**

Name of the AP \_\_\_\_\_

Address & Contact Details of AP \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_