

☐ Internet Banking DP & Tele DP Service

☐ Auto Emailer Service

Axis Bank Ltd., Depository Services, Gigaplex, Building no. 1, 6th Floor, Plot no. I.T.5, MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai – 400708. Email ID: dp.operations@axisbank.com

Application for availing e-depository Services

To The Branch Head, Axis Bank Limited,	Branch			Date:	D	D M	M	Y Y	YY]		
Dear Sir, I/We hold a Demat Account with your branch.	The details of	my/our rel	ationship	are as	s under	·:						
Demat Account Number **:	I N	3 0	0 4	8	4 -	-						
I/We would like to subscribe for the following whichever is required)	e-Depository s	service(s) as	per the t	erms a	and cor	nditions	apper	nded I	oelow.	(Pleas	se tick (•	/)
■ Internet Banking Depository and Tele De	pository Serv	ice :										
I/We require access to my/our above mentione Internet Banking User-ID of Demat account hole		ount throug	gh Interne	et Ban	ıking / v	website	and Te	ele De	eposito	ry. The	e existir	ıg
Bank Cust ID of Sole/ First Holder:												
Bank Cust ID of Second Holder : Bank Cust ID of Third Holder :												
Auto E-Mailer Service:												
I/We would like to have the statement of transac Email Id (please write clearly): The Statement can be emailed to us with the foll		@					ail id:			_		
On Monthly basis On Weekly basis	On a da	ily basis										
I/We the under mentioned Demat Account hold Axis Bank Limited, are subject to the Terms and c									d servic	es, pro	ovided I	у
Terms & conditions for requisition for DIS bo through Website and/ or by email	oklet through	n Website /	Tele Der	osito	ry and	Transa	ction a	and H	olding	State	ement	
 I/We am/are aware that I/we will not receive the transactie. I/We agree that Delivery Instruction Slip (DIS) booklet requinements of the NSDL/CDSL requirements entirely as to ou at my/our registered address for communication as reconapplicable cost (if any) that the Bank may now or subsequable. I/We will take all the necessary steps to ensure confidentiable. I/We am/are aware that the transaction statement may be I/We take the entire responsibility of the same. I/We agree that the transaction statements are sent by elements. I/We agree and aware that DP shall have the right to term. I/We agree that the above terms and conditions are in address. 	uested through In rrisk & consequer ded in above state uently prescribe. ality and secrecy o e accessed by othe mail, I/we shall imrinate such service dition to and not ir	ternet Banking nces. The Bank d Demat Acco f the login namer entities in case mediately infor provided a wrincontravention	shall be absount (as intime e and passvoice the confic orm the DP ab tten notice in of the term	olved of ated an vord of t lentiality out cha s given a	its duties and recorded the Interry/secrecy ange in e- atleast 10 onditions	idiabilites and by the idea and e-mail and of the lo and addre and days in and and forming a	if the DIS Axis Bank il accoun gin name ess, if any dvance a a part of	S bookle c Limite t. e and pa y. ind vice the "A	et reques ed from ti assword versa. GREEME	ited is de ime to ti is comp	espatched me) at promised.	I
Please do the needful at the earliest at my/our sole res	ponsibility and a	ctivate the se	ervices as m	nentior	ned abov	ve for my	/our D	emat.	Accoui	nt		
Signature of Sole/ First Holder***	Signatur	e of Second	Holder**	*	-		Signat	ure of	Third I		***	_
** Compulsory fields to be provided. *** All DEMA	T Account Hold	lers must sig	n the form	١.								
(For Branch use only)												_
Account holder/s signature/s verified by:												
Name of the Officer	Er	nployee No	·-	_	Signa	ature of	Emplo	yee 8	k Branc	 :h Star	mp	_
(For use at Central Office – Depository Ser	vices only:)											
Processing Unit Processing Stage Emp	oloyee No.	Sigi	nature		Seal_/	Remar	ks _					

Central Unit

Account Activation