

Solaris, 'C' building 9th floor, Opp. L & T Gate No. 6, Saki Vihar Road, Powai, Mumbai – 400072.

Application for availing e-depository Services and Terms & conditions for requisition for DIS booklet through Website/ Tele Depository and Transaction and Holding Statement through Website and/ or by email

To
 The Branch Head,
 Axis Bank Limited, _____ Branch

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir,
 I/We hold an Demat Account with your branch. The details of my/our relationship are as under:

Demat Account Number **:	I	N	3	0	0	4	8	4	-										
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I/We would like to subscribe for the following service(s) as per the terms and conditions appended below. (Please tick (✓) whichever is required)

iConnect Depository Service :

I/We require access to my/our above mentioned Demat Account through internet banking service/website. The existing iConnect User-ID is _____.

Tele Depository Service: 'Dial-your-DEMAT'

I/We require to access the above mentioned Demat Account through telephone and request you to issue me/us a PIN.

Auto E-Mailer Service:

I/We would like to have the statement of transaction and holding emailed to me/us at the following email id:

Email Id (please write clearly): _____ @ _____

The Statement can be emailed to us with the following frequency (please tick (✓) whichever is required)

On Monthly basis On Weekly basis On a daily basis

I/We the under mentioned Demat Account holder(s) hereby agree, undertake and declare that, the aforementioned services, provided by Axis Bank Limited, are subject to the Terms and conditions mentioned herein and as amended from time to time.

Terms & conditions for requisition for DIS booklet through Website/ Tele Depository and Transaction and Holding Statement through Website and/ or by email

1. I/We am/are aware that I/We will not receive the transaction statements in paper form.
2. I/We agree that Delivery Instruction Slip (DIS) booklet requested through iConnect depository / tele depository services should be treated as a request given by me/us in terms of the NSDL/CDSL requirements entirely as to our risk & consequences. The Bank shall be absolved of its duties/liabilities if the DIS booklet requested is despatched at my/our registered address for communication as recorded in above stated Demat Account (as intimated and recorded by the Axis Bank Limited from time to time) at applicable cost (if any) that the Bank may now or subsequently prescribe.
3. I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the Internet / e-mail account.
4. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised. I/We take the entire responsibility of the same.
5. I/We agree that the transaction statements are sent by e-mail, I/We shall immediately inform the DP about change in e-mail address, if any.
6. I/We agree and aware that DP shall have the right to terminate such service provided a written notice is given atleast 10 days in advance and vice versa.
7. I/We agree that the above terms and conditions are in addition to and not in contravention of the terms and conditions forming a part of the "AGREEMENT BETWEEN THE PARTICIPANT AND THE PERSON SEEKING TO OPEN AN ACCOUNT WITH THE PARTICIPANT" signed by me/us at the time of opening the Demat Account .

Please do the needful at the earliest at my/our sole responsibility and activate the services as mentioned above for my/our Demat Account

Signature of Sole/ First Holder***

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 Bank Customer ID

Signature of Second Holder***

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 Bank Customer ID

Signature of Third Holder***

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 Bank Customer ID

** Compulsory fields to be provided. *** All DEMAT Account Holders must sign the form.

(For Branch use only)

Account holder/s signature/s verified by:

Name of the Officer	Employee No.	Signature of Employee & Branch Stamp
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(For use at Central Office – Depository Services only:)

Processing Unit	Processing Stage	Employee No.	Signature	Seal / Remarks
Central Unit	Account Activation			<input type="checkbox"/> iConnect DP <input type="checkbox"/> Tele DP Service <input type="checkbox"/> Auto E-mailer Service
Central Unit	Pin Printing			

PIN Status: Sent / Rejected / _____ PIN Dispatch Date:

D	D	M	M	Y	Y	Y	Y
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