

FORM OF REQUEST FOR CHANGE OF ADDRESS

Folio No.....

Integrated Registry Management Services (Pvt) Ltd

Unit :

Kences Towers 2nd Floor

No. 1 Ramakrishna Street

North Usman Road T Nagar Chennai - 600017

I request you to effect change of my address in your records as follows :

My old address as appearing in the Company's records	My current address to be recorded
	<u>Email ID</u>
	<u>STD Code/Phone/Mobile No.</u>

I am enclosing the following documents towards proof of my identification and current address : *(please tick the appropriate boxes and attach the relevant documents to this Form)*

AADHAR Card Copy

Driving License

(with signature appearing thereon)

PAN Card

(with signature appearing thereon)

Passport

Bank Pass Book/Statement

(not more than 2 months old)

Electricity/ Telephone bill

(not more than 2 months old)

(Note :AADHAR CARD COPY AND ANY OF ID PROOFF WITH SIGNATURE MUST BE SUBMITTED ALONG WITH EITHER BANK PASS BOOK/STATEMETN COPY OF ELECTRICIYT/TELEEPHONE /GAS BILL COPY)

I am also providing below my current bank particulars for your records *(required only if bank particulars were not furnished to the Company earlier or if there is any change) :*

Name of the Bank : _____

Address of the Bank : _____

Bank Account Number : _____

(Note: Copy of your relevant bank statement or a copy of a blank cancelled cheque leaf pertaining to the given bank account, with your name appearing thereon, must be submitted for verification)

Yours faithfully,

Sinature of the share holder(s) _____

Name of the First / Sole Shareholder : _____

Note : 1. Change of Address will be effected only on receipt of this Form, duly completed, alongwith all requisite documents as mentioned above. Incomplete Form / Form with insufficient documents will not be acted upon and the same will be returned.

2. The signature of the Shareholder as appearing on the Form **must** match with his / her specimen signature on record with the Company.