

Mobile & Email Declaration

[Please tick (✓) wherever applicable]

DP ID	IN303575	Client ID		Client Code		Date	
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Name of 1 st holder							
		Details	Relationship with the person whose Mobile number/E-mail Id is provided (Tick ✓ wherever applicable)				
Mobile Number			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	
E-mail Id			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	

Name of 2 nd holder							
		Details	Relationship with the person whose Mobile number/E-mail Id is provided (Tick ✓ wherever applicable)				
Mobile Number			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	
E-mail Id			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	

Name of 3 rd holder							
		Details	Relationship with the person whose Mobile number/E-mail Id is provided (Tick ✓ wherever applicable)				
Mobile Number			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	
E-mail Id			<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents	

I wish to receive e-statement ☐ **Yes** ☐ **No**

Signature of 1 st holder	X
Signature of 2 nd holder	X
Signature of 3 rd holder	X