



REGD. OFFICE : 'SIHL HOUSE', Opp. Ambawali Jain Temple,
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Website : www.sihl.in, E-mail : helpdesk@sihl.in

APPLICATION FORM FOR ECS PAYMENT OPTION

Dear Sir/Madam,

I would like to enroll for payment through ECS for my Trading Account. I agree to the terms and conditions laid out and explained to me for the same.

DEMAT & TRADING ACCOUNT DETAILS

Account Holder Name: _____

Demat Account No. : _____

Trading Account No. : _____

Mobile No. : _____

BANK ACCOUNT DETAILS

Bank Name : _____

Branch Name : _____

Bank Address : _____

Bank Account No. : _____

Bank MICR Code : _____

Bank IFSC Code : _____

Yours Sincerely,

Client Signature : _____ Date: _____

Document Required :

1. Self attested Photo copy of Cancelled Cheque.
2. Photo copy of Bank Pass Book first page or Bank Statement of last three months.