

Account Details Addition / Modification Request Form (Trading & DP A/c)

Date: _____

Dear Sir / Madam,

I / We request you to make the following additions / modifications to my / our Trading and Demat account in your records.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark () on the appropriate column.

Account Holder's Details

PAN NO.

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CDSL DP ID - 12033200, 12033201, 12033202 & 12033203	BO ID	Trading Code
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Annual Income	<input type="checkbox"/> Upto 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> 25-50 Lac	<input type="checkbox"/> 50-1cr	<input type="checkbox"/> 1cr & above	Networth as on Date Rs. _____
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1. Bank & Dividend Details	Existing Details (As per DP Account)	New Details (This bank will be updated as default bank for PAYOUT)
<input type="checkbox"/> Addition	Bank Name & Branch :	Bank Name & Branch :
<input type="checkbox"/> Modification	A/c No.:	A/c No.:
<input type="checkbox"/> Deletion	A/c Type:	A/c Type:
	MICR (Mandatory for DP):	MICR (Mandatory for DP):

2. Address Details	Existing Details	New Details
<input type="checkbox"/> Modification <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent	Address:	Address:
	City:	City:
	State:	State:
	Country:	Country:
	Pin Code:	Pin Code:

3. Contact Details	Existing Details	New Details
<input type="checkbox"/> Addition	Tel.: Mob.	Tel.: Mob.
<input type="checkbox"/> Modification	Email ID:	Email ID:

4. ECN activation and other electronic communication for Trading and Demat account: Yes No

I / We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities, transaction statements, Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statement(S), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement (s)" issued from time to time, at the above mentioned new email id: _____

5. Signature	Existing	New
<input type="checkbox"/> Modification		

Reason for Change in Signature _____

I/We wish to update the above changes in KRA, Demat and Trading Account.

6. DP Details for Trading A/c	<input type="checkbox"/> Pay - in <input type="checkbox"/> Payout
DP Name:	DP ID: _____ Client ID: _____

7. Others (Pls Specify)	Existing	New

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature	Signature as per demat account	Signature as per demat account	Signature as per demat account

Any one Proof Required from the following list (Self attested by client and all joint holders, if any):

Bank details: Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 4 months with cancelled cheque.

Address details: Copy of Ration card, Adhaar card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Land line Telephone bill (not more than 3 months old).

DP details: Latest transaction statement / holding statement / CML copy.

For Branch use only:	For CSO use only:								
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; border: 1px solid black;">Document Received</td></tr> <tr><td>Branch / RO Name:</td></tr> <tr><td>Date:</td></tr> <tr><td>Time:</td></tr> </table>	Document Received	Branch / RO Name:	Date:	Time:	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; border: 1px solid black;">Client Signature Verified By</td></tr> <tr><td>Employee Name:</td></tr> <tr><td>Employee Code:</td></tr> <tr><td>Employee Signature:</td></tr> </table>	Client Signature Verified By	Employee Name:	Employee Code:	Employee Signature:
Document Received									
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Date:									
Time:									
Client Signature Verified By									
Employee Name:									
Employee Code:									
Employee Signature:									
CSO RECEIVED STAMP									

ACKNOWLEDGMENT RECEIPT

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID:	1	2	0	3	3	2	0	0	Client ID:									Trading Code:
Modification request for (Specify reason)	<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Signature <input type="checkbox"/> DP Addition <input type="checkbox"/> Others _____																	

Depository Participant Seal and Signature