

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

Dear Sir/Madam,

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

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

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

Account Holder's Details	Name :
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DP ID	1	2	0	1	9	8	0	0	Client ID											Trading Code :	
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1. Address Details	Existing Details	New Details (KRA Req.)
Modification Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/>	Address :	Address :
	City : State :	City : State :
	Country : Pin Code :	Country : Pin Code :
2. Contact Details SMS/REG.	Existing Details	New Details
Addition / Modification	Tel. : Mo. :	Tel. : Mo. :
	Email ID :	Email ID :
3. UID (Mandatory for DP)		

CAS _____ Annual Report Flag _____ Email RTA Flag _____ Email Statement Flag

4. Bank & Dividend Details	Existing Details As Per DP Account	New Details (This Bank will be updated as default Bank for PAYOUT)
Addition / Modification	Bank Name :	Bank Name :
	Branch Add. :	Branch Add. :
	A/c. No. :	A/c. No. :
	A/c. Type :	A/c. Type :
	MICR (Mandatory For DP) :	MICR (Mandatory For DP) :
	IFSC Code (Mandatory For DP) :	IFSC Code (Mandatory For DP) :
5. Annual Income	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 10 Lac <input type="checkbox"/> 10 to 20 Lac <input type="checkbox"/> 25 to 50 Lac <input type="checkbox"/> 50 to 1 Cr. <input type="checkbox"/> 1 Cr. & above Network _____ as on Date _____	
6. Signature Modification	Existing	New

Reason for Change in Signature _____

7. DP Details for Trading A/c.	DP Name :	
Depository Name : <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	DP ID	
	Client ID	
8. Other (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 misrepresenting. I am/we are aware that I/We may be held liable for it.

Client Name			
Client Signature	First/Sole Holder Signature as pe Demat Account	Second Holder Signature as pe Demat Account	Third Holder Signature as pe Demat Account

ACKNOWLEDGEMENT RECEIPT

We hereby acknowledge the receipt of the instruction for modification of the following Account subject to Verification.

DP ID	1	2	0	1	9	8	0	0	Client ID									Trading Code : _____
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Modification Request for (Specify Reason)	<input type="checkbox"/> Address	<input type="checkbox"/> Bank	<input type="checkbox"/> Contact Details	<input type="checkbox"/> Annual Income	<input type="checkbox"/> Signature	<input type="checkbox"/> DP Addition	<input type="checkbox"/> Other _____
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Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter ID	<input type="checkbox"/> PAN	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Cancel Cheque	<input type="checkbox"/> UID	<input type="checkbox"/> Other _____
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Depository Participant Seal and Signatory