AngelOne 601, 6th Floor, Ackruti Star, Central Road, MIDC, Andheri East, Mumbai - 400093. Tel: 18001020 | E-mail: support@angelone.in Ver: Apr 2016 Date: 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. PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark (🗸) on the appropriate column. Account Holder's Details PAN NO. Trading Code CDSL DP ID - 12033200, 12033201 & 12033202 | BO ID Annual Income \square Upto 1 Lac \square 1-5 Lac \square 5-10 Lac \square 10-25 Lac \square 25-50 Lac \square 50-1cr \square 1cr & above Networth as on Date Rs. Existing Details(As per DP Account) New Details(This bank will be updated as default bank for PAYOUT) 1. Bank & Dividend Details Bank Bank ☐ Addition Branch: Branch: A/c No.: ☐ Modification A/c No.: A/c Type: A/c Type: MICR (Mandatory for DP): MICR (Mandatory for DP): 2. Address Details **Existing Details New Details** Address: Address: Modification □ Correspondence City: City: State: State: Pin Code: Pin Code: Country: Country: 3. Address Details **Existing Details New Details** Address: Address: Modification City: State: City: State: ☐ Permanent Country: Pin Code: Country: Pin Code: 4. DP Details for Trading A/c ☐ Pay - in ☐ Payout DP Name: DP ID: CLIENT ID: 5. Others (PIs 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 $above \, mentioned \, information \, is found to \, be false \, or \, untrue \, or \, misleading \, or \, misrepresenting, \\ lam/we \, are \, aware \, that \\ l/we \, may \, be \, held \, liable \, for it.$ Client Name Signature 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: Client Signature Verified By **Document Received**

Document Received

Branch / RO Name:

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)					Ann	ual I	ncome 🔲 Bank 🔲 Ad	dress	s 🗆	Cor	ntact	Deta	ils	ECN Signature DP Addition Others

Depository Participant Seal and Signature