

## 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	BO ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									Trading Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

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 <input type="checkbox"/> Modification	Bank :	Bank :
	Branch :	Branch :
	A/c No.:	A/c No.:
	A/c Type:	A/c Type:
	MICR (Mandatory for DP):	MICR (Mandatory for DP):

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

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

4. DP Details for Trading A/c	<input type="checkbox"/> Pay - in <input type="checkbox"/> Payout																
DP Name:	DP ID: <table border="1" style="display: inline-table; width: 100px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> CLIENT ID: <table border="1" style="display: inline-table; width: 100px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																

5. 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:

Document Received
Branch / RO Name:
Date:
Time:

Client Signature Verified By

Employee Name:
Employee Code:
Employee Signature:

For CSO use only:

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	&	1	2	0	3	3	2	0	1	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