

Office Address: Wealthyln Broking Private Limited, P N Plaza, 1090/B, Ground Floor, 18TH CRS, 3RD Sector, HSR Layout, Bangalore,Karnataka – 560 102| **Tel**: +080 48520671 | **Email**:

Date: ___/___/

wbkyc@wealthy.in | Website: www.wealthy.in

Account Details Modification Form

Dear Sir / Madam,									
I / We request you to m	ake the following additions / modifica	•	•		•	S.			
Account Holder Name)			PAN NO.			П		7
Client BO ID –	1 2 0 9 6 8 0 0			CLIENT COI	DE -				
1. Annual Income	☐ Upto 1 Lac ☐ 1-5 Lac ☐ 5-10 L	ac 10-25 Lac		<u> </u>	rore above	Net worth a	s on Date		
1. Allitual Ilicollie		10-23 Lac							
2. Bank & Dividend Details	Existing Details			New Details (This bank will be updated as default bank for PAYOUT)					
	Bank Name & Branch:			Bank Name & Branch:					
Addition	A/c No.:			A/c No.:					
Modification	A/c Type:			A/c Type:					
	MICR (Mandatory for DP):			MICR (Mandatory for DP):					
3. Address Details	Existing		New Details						
Correspondence Permanent	Address:			Address:					
	City: State:			City: State:					
	Country: Pin Code:			Country: Pin Code:					
4. Contact Details	Existing Details			New Details					
Addition / Modification	Mobile No.			Mobile No.					
	Email ID:			Email ID:					
6. Signature Modification Reason for Change in S	mentioned new email id : Existing	New							
		·							
7. DP Details for Trad DP Name:	DP ID:	□ Pay - in □ Payout □ Client ID: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
Dr Name.		DP ID.		Cile	ווו וט.				
8. Others (Pls Specify)	Existing				Ne	•W			
	reby declare that the details furnisher rmation is found to be false or untrue								
Client Name	ent Name First / Sole Holder Second Ho					rd Holdei	,		
Signature									
Bank Details: Copy of cheque Address Details: Copy of R.	om the following list (Self attested by client an ue with name printed, copy of bank passbook, co ation Card, Passport, Voter ID Card, Driving Lice on statement / holding statement / CML copy	py of bank statements of	of accounts of				with cand	elled che	que.
We hereby acknowledg	e the receipt of your instruction for mo	ACKNOWLEDGIN			rification:		ate:		
DPID: 1 2	0 9 6 8 0 0 Client ID):		UCC:					
Modification request for (Specify reason)	☐Annual Income ☐Bank ☐	Address Con	tact Detai	ls 🗆 ECN 🗆 Si	gnature \square	DP Additio	on DO	hers:	