

Account Details Modification Form

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 (✓) of the appropriate column

Account Holder Name _____	PAN NO. _____	
Client BO ID -	1 2 0 9 6 8 0 0	CLIENT CODE -
1. 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 Lac to 1 Crore <input type="checkbox"/> 1 Crore above	Net worth as on Date _____

2. Bank & Dividend Details	Existing Details	New Details (This bank will be updated as default bank for PAYOUT)
Addition <input type="checkbox"/> Modification <input type="checkbox"/>	Bank Name & Branch:	Bank Name & Branch:
	A/c No.:	A/c No.:
	A/c Type:	A/c Type:
	MICR (Mandatory for DP):	MICR (Mandatory for DP):

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

4. Contact Details	Existing	New Details
Addition / Modification	Mobile No.	Mobile No.
	Email ID: _____	Email ID: _____

5. 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, statements 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 : _____

6. Signature	Existing	New
Modification		

Reason for Change in Signature _____

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

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

8. 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			

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 statements of accounts duly attested by bank authorities not older than 4 months with cancelled cheque.
Address Details: Copy of Ration Card, Passport, Voter ID Card, Driving License, Bank Passbook, Electricity Bill, Landline, Telephone Bill (not more than 3 months old)
DP Details: Latest transaction statement / holding statement / CML copy

ACKNOWLEDGMENT RECEIPT

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

DPID:	1 2 0 9 6 8 0 0	Client ID:		UCC:					
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: _____								