

Please note that this form is only applicable of Resident clients only.

Date-

Dear Sir / Madam,

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

Account Holder's Details:

Please fill all the details in BLOCK Letters in English. Please mark (v) on the appropriate column.

DP ID	BO ID	Aadhaar No.(if any):
Trading Code:		Branch tag:
Region Tag:		
1 - 1) First Holder Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:	
Father's/Spouse Name:	Date of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Pan No:	
2) Second Holder's Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:	
Father's/Spouse Name:	Date of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Pan No:	
3) Third Holder's Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:	
Father's/Spouse Name:	Date of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Pan No:	

II. BANK DETAILS-		EXISTING BANK DETAILS	NEW BANK DETAILS to be Added <input type="checkbox"/> or <input type="checkbox"/> Replaced
BANK NAME			
DEFAULT BANK		EXISTING OR NEW PLEASE TICK THE RELEVANT BOX	
		EXISTING BANK <input type="checkbox"/> / NEW BANK <input type="checkbox"/>	
BANK A/c No.			
MICR No.			
IFSC CODE			
BANK TYPE		<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other	
		<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other	

III. ADDRESS DETAILS		EXISTING DETAILS	NEW DETAILS
Modification Correspondence:	Address:		Address:
Permanent:	City:		City:
	State:		State:
	Pin code:		Pin code:

IV. CONTACT DETAILS		EXISTING DETAILS	NEW DETAILS
Addition/Modification		Mobile No	Mobile No
Email Id:			

V. ECN activation for Only Equity Trading and Demat Account: (Yes, I require ECN for Trading and Demat Account)

I/We hereby give our consent and authorize you to send digital contract notes , bills , ledgers , transaction statement , Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statements (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.

VI. Gross Annual Income Details: Below 1 Lakh 1-5 Lakhs 5-10 Lakhs 10-25 Lakhs > 25 Lakhs
 Or Net Worth in Rs. (*Net Worth should not be older than 1 year) as on date // //201 .

KRA : I/We wish to update the above changes in KRA / Demat / Trading Account. Tick which is applicable or All

SIGNATURE	EXISTING SIGNATURE	NEW SIGNATURE
MODIFICATION <small>(This is only applicable Were clients wants to modify their signatures) Plz sign below the Declaration which is a mandatory requirement.</small>		

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 is found to be false or untrue or misleading or misrepresenting, I am/we are aware that/we may be held liable for it.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature			
<small>Plz sign here as this mandatory req.</small>			

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 2 months with cancelled cheque. Address details: Copy of Ration card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Telephone bill - Land line (not more than 2 months OLD) / OTHERS(plz specify) _____ Validity/Expiry date of the proof ____/____/_____
 Document No. _____ (Applicable for Passport/Aadhar/DL/Voter ID/Ration Card/Utility Bills). DP details: Latest transaction statement/holding statement/Client Master copy.

IPV Details	Signature	In-Person Verification done by	Relationship with the Intermediary/Designation	Date of IPV

ACKNOWLEDGEMENT RECEIPT										DATE : _____													
We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:																							
Dp ID		1		2		0		6		6		9		0		0		Client Id		Trading Code:		Pan No.:	
Modification request for(Specify reason)														<input type="checkbox"/> Bank Modification		<input type="checkbox"/> Contact details Modification		<input type="checkbox"/> Address Modification		<input type="checkbox"/> ECN Registration (Trading and DP account			