

Account Details Addition / Modification Request Form (Trading & DP A/c)

Dear Sir/Madam,

I/We request you to make following additions/modifications to my/our account in your records.

I/We wish to update the below changes in C-KYC KRA Demat Trading A/c

| | | | | | | | | | | | |
|---------------------------|------------------|--|--|--|--|--|--|--|--|------------------------------|--|
| NSDL DPID-IN300974 | Client Id | | | | | | | | | Trading/Broking A/c.: | |
| CDSL DPID-12035100 | Client Id | | | | | | | | | | |

Mother Name: _____ **Aadhar No:**

1 Income Details

Annual Income(Rs.) Upto 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac 0.5-1Cr 1Cr & Above

Net worth as on date _____ : **Rs.** _____

2 Bank Details

| Existing Details (Mandatory) | New Details |
|--|--|
| Bank Name: | Bank Name: |
| Branch Name & Address: | Branch Name & Address: |
| City: Pin Code: | City: Pin Code: |
| A/c No.: | A/c No.: |
| A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC | A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC |
| MICR* (Mandatory for DP): | MICR* (Mandatory for DP): |
| IFSC Code: | IFSC Code: NEFT/ RTGS <input type="checkbox"/> |

Note: *9 digit code of the bank & branch appearing on the cheque issued by the Bank. For availing ECS facility, MICR code is mandatory

3 Mobile & Emaild

| | <u>Tick should be Mandatory</u> |
|---------------------|--|
| Mobile FirstHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |
| Mobile SecondHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |
| Mobile ThirdHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |
| EmailID FirstHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |
| EmailIDSecondHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |
| EmailID ThirdHolder | <input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents |

Despite the fact that I/we may have registered for DND (Do Not Disturb) with respective Mobile Service Provider, MSFL is authorized to send SMS on the above mentioned mobile number and I/we confirms that MSFL will not be held liable for sending any information on SMS and also authorizes MSFL to submit such undertaking before the TRAI or such other regulator or service provider for allowing MSFL to send SMS despite DND Status of the Client Mobile Number.

- **Client Option to received e-Statement ()**
- **Receive Annual Reports, AGM notices and other communications from Issuers & RTAs in Physical From ()**

4 Updating of e-mail for ECN in Broking/Trading Account:

I/We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities/margins, transaction statements, Monthly/Quarterly statement of accounts/holding statement(s)/bills or other reports, Statement(s), related notices, Circulars, arrangement and such other correspondence, documents, records, by whatever name called (hereafter referred to as "statement(s)" issued from time to time on the

I hereby declare that the aforesaid mobile number and Email belongs to

Declaration:

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.

| | | | |
|--|--------------|---------------|--------------|
| Client Signature as per Broking | | | |
| Client Signature as per DP | | | |
| Client Name | First Holder | Second Holder | Third Holder |

| | | | |
|---|-------|------------------|-------|
| IDENTITY OF THE CLIENT(S) VERIFIED IN PERSON & SIGNED IN MY PRESENCE | | | |
| Emp./SB/AP Name : | _____ | Emp./SB/AP Code: | _____ |
| Signature : | _____ | Date: | _____ |
| | | Place: | _____ |