

MODIFICATION FORM

Dear Sir,
Please make necessary change/add in my / our client account as per details given below, (PLEASE TICK APPROPRIATE OPTION TO MAKE NECESSARY CHANGES)

CHANGE TO BE EFFECTED IN :	Trading + Depository Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Trading Account <input type="checkbox"/>
Name of 1st Holder	Name _____	Middle Name _____	Surname _____
Name of 2nd Holder	_____		
Name of 3rd Holder	_____		

CHANGE OF PERMANENT/CORRESPONDENCE ADDRESS AND TELEPHONE NUMBER (Proof Required)													
<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Correspondence Address												
Old Address _____	New Address _____												
Landmark _____	Landmark _____												
City _____ PIN* <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							City _____ PIN* <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
State _____	State _____												
Tel. No. _____ Fax No. _____	Tel. No. _____ Fax No. _____												

	1st Holder	2nd Holder	3rd Holder																		
Mobile Number Declaration	+ 9 1 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents							+ 9 1 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents							+ 9 1 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents						
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BANK DETAILS (Proof required) Update the Given Bank A/C as Default / Future Transaction <input type="checkbox"/>
Bank Name _____
Bank A/c No. _____ Type of A/c _____
MICR No. _____ IFSC Code _____
Branch Address _____

DP Details (Proof to be submitted for same)		Default Option <input type="checkbox"/>																														
LINK DP ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											DP NAME <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											CLIENT ID <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Update PAN / DOB. 1st Holder <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											2nd Holder <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											3rd Holder <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

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 I/we may be held liable for it.

Signature	1st Holder	2nd Holder	3rd Holder
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- NOTE:**
1. Please furnish proper supporting proofs for change in client master.
 2. Please submit the same in duplicate for acknowledgment.
 3. If changes are to be done in DP-then all holder as per DP A/c must sign the documents.
 4. *Family to strictly includes spouse, dependent - children and dependent parents only. (Kindly tick relevant option)

For Office Use Only		BRANCH STAMP	HO STAMP
Data Maker By	_____		
Data Checker By	_____		
Reference No.	_____		
Official Sign.	_____		