

NNM SECURITIES PVT. LTD.

B-6/7, Siddhi Vinayak Plaza, Opp. City Mall, Off Andheri Link Road, Behind Maruti Showroom, Andheri (W), Mumbai - 400 053. Ph. No. 40790021 - 23 Email: cdsl@nnmsecurities.com

Account Details Addition / Modification / Deletion Request Form																										
Application No.											Sr. No.															
Please fill all the Details in Block Letter in English Date :																										
DP ID No.							Clie	ent ID No.			Ι			Ī							Ī	Ī				
Account Hold	er's	Deta	ails																							
Name of First	/ Sol	е Но	lder																							
Name of Secon	d Ho	older																								
Name of Third	Hold	ler																								
☐ I / We reques	t to	carry	out t	o char	nge t	he a	ddress / s	ignature in tl	ne de	em	at a	aco	cou	ınt												
☐ I / We request to carry out to change the address / signature in the KRA in demat account																										
I / We request you to make the following additions / modification / deletion to my / our account in your records.																										
Details (Pl. specify change of address, bank details, telephone number etc.					n / M Dele ease :	tion	ation / y)	Existing Details							New Details											
Attach an Anne	/IIre	(wit	h sign:	ature/	c)) if	the	snace ah	ove is found	insu	ıffi	റ്റ	nt														
Attach an Annexure (with signature(s)) if the space above is found insufficient. First / Sole Holder Second Holder												Th	ird	— Нс	ılde	r										
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Name															\bot											_
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PLEASE TEAR HERE																										
NNM SECURITIES PVT. LTD. B-6/7, Siddhi Vinayak Plaza, Opp. City Mall, Off Andheri Link Road, Behind Maruti Showroom, Andheri (W), Mumbai - 400 053. Ph. No. 40790021 - 23 Email: cdsl@nnmsecurities.com Acknowledgement Receipt Received Account Details Addition / Modification / Deletions request as per details given below: Application No. Date:																										
DP ID No.							Clier	nt ID No.																		
Account Holo	ler's	Det	ails																							
Name of the S	ole /	/ Firs	t Hold	er																						
Name of Second Joint Holder																										
Name of Third Joint Holder																										
 Please Attach A Please Attach A Pass Book/state Licence, Latest Please Attach A 	Copy men Telep	y Of I t, Lea hone	New Adave & Le/elect	ddress icence ricity B	Proo Agre ill).	f As (eeme	ration Car nt, Voters	ory). d, Passport Co Identity Card	Driv	Bar ⁄ing	nk 3					-			ea	l a	nd	S	gn	atı	ıre	₽