

				5171	CAPITAL		
	Account Details Additio	n / Modification Requ	ıest Form DP A	ccount	Date:		
Dear Sir / Madam,							
I / We request you t	o make the following additions / modific	ations to my / our Demat ac	count in your record	S.			
	9 0 1 0 0 Client ID:		Trading Code:				
Modification reque (Specify reason)	Annual Income Bank	☐ Address ☐ Contact De	tails 🗌 ECN 🗌 S	ignature 🗌 DP Addi	tion		
	PLEASE FILL ALL THE DETAILS	IN BLOCK LETTERS IN ENGL	ISH. Please mark (✔) on t	he appropriate column.			
Account Holder's	Details		PAN NO.				
DP ID	1 2 0 9 0 1 0	0 Client ID					
Annual Income	☐ Upto 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac	☐ 10-25 Lac ☐ 25-50 Lac	c	& above Networth a	s on Date Rs		
1. Bank & Dividend D	etails Existing Details (As per DP Account	t)	New Details (This bank will be updated as default bank for PAYOUT)				
☐ Addition	A/c No.:		Bank Name & Bran	ici;			
- M 100 0	A/c Type:		A/c Type:				
☐ Modification	IFSC code		IFSC code				
	MICR (Mandatory for DP):		MICR (Mandatory	for DP):			
2. Address Detai	s Existing D	Details	New Details				
☐ Modification	Address:		Address:				
☐ Corresponden	e						
□ Permanent	City: S	tate:	City: State:				
_ r omianone	Country: F	Pin Code:	Country: Pin Code:				
3. Contact Detail	Existing De	tails	New Details				
☐ Addition	Tel.: Mob.		Tel.: Mob.				
☐ Modification	Email ID:		Email ID:				
4. Electronic con	munication for Demat account:		☐ Yes	□ No			
statement(s) / bills	our consent and authorize you to send or other reports, Statement(S), related led (hereafter referred to as "statement (l notices, Circulars, amendn	nents and such othe	r correspondence, d	ocuments, records by		
5. Signature	Existing		New				
Modification							
Reason for Change	in Signature		I.				
	hereby declare that the details furnishe nformation is found to be false or untru						
Client Name	First / Sole Holder	Second Ho	older Third Holder				
Signature	Signature as per demat account	Signature as per de	emat account	account Signature as per demat account			
Bank details: Copy of Address details: Cop	equired from the following list (Self att. cheque with name printed, copy of bank passbook of Ration card, Aadhar card, Passport, Voter ID saction statement / holding statement / CML cop	, copy of bank statement of account card, Driving license, Bank passb	s duly attested by bank a		·		
	For Branch use only:			For CSO use of	nlv:		
Document F	eceived Client Signature			•			
Branch / RO Na Date:	ne: Employee Name Time: Employee Code:		CSO RECEIVED STAMP				
1 1			1 1				

ACKNOWLEDGMENT RECEIPT

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

DP ID:	1	2	0	9	0	1	0	0	Client ID:									Trading Code:
Modifica (Specify		for		☐ Annual Income ☐ Bank ☐ Address ☐ Contact Details ☐ ECN ☐ Signature ☐ DP Addition ☐ Others														