

Account details addition/modification/deletion request form

	ecurities Private Limite ommodities Private Lir				Application numb	ber Dated
Please fill all det	tails in BLOCK LETTERS	S in Fnalish				
DP ID	12081600	/ III Eligio	Client	ID		
Account holder						
ACCOUNT HORASI	First/sole l	holder	Secor	nd holder	Third	holder
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Mother's name	ie l					
Aadhaar						
PAN						
☐ I/We reques	st to carry out the changest to carry out the change	nge of address/sig	gnature in the KRA	A and demat acco		
	you to make the follow	ving additions/m	odifications/dele	tions to my/our	account in your reco	ords.
address', 'Cha	e specify 'Change of ange of bank details', lephone number', etc.	Type of change if addition/mod ⁷	e: Please specify lification/deletion	Existing do	retails 1	New details
First/	nexure (with signature(s))) if the space ab	ove is found insu	Ifficient.		
	case of Minor)		S Second H	lolder	∠ T	Third Holde
FOR OFFICE US In Person Verification Name of the Person						
			loyee ID:		_	
Name of the Organiz			• –		_	
Date of the IPV:	D D M M Y	YYYY	Signature of the Per	rson who has done th	ne IPV Seal/Stan	mp of the Intermediar
Acknowledgeme						
	ived the account modifi		leletion request to			D M M Y Y Y
DP ID		lient ID	<u></u>	Application r		-1 haldon
Account holder		st/sole holder		econd holder	11111	d holder
Modification red						
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Know Your Client (KYC) Application Form - for Individuals



1. Name of the Applicant																P	Photog ease af	•
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2. Father's/Spouse's Name																	sign acı	oss it
																		F1
□ 3a. Gender □ Male □ Fem	alo :	Bb. Ma	rital (Statuc		Sinal	0 [Mar	rind	30	. Da	to of	Birth	1 D		MM	V	/ \ \
□ 4a. Nationality □Indian □						Jirigi	C L	Jiviai	HGU	30	. Da	le oi	טוו נו		D	IVI IVI		
□ 4b. Status □Resident Indiv		•		- / .			Mati	nnal										
5a. PAN			110310		□ I UI	cigii	ivali	παι										
□ 5b. Unique Identification Nur	nber (U	ID) / A	 adha	_ r. if ar	าง				Τ									
 6. Specify Proof of Identity S 	`	,			_	her (Plea	se Sp	ecif	v)								
B ADDRESS DETAILS		• _		, a. a		(, o o p	00	J/								
1. Residence/Correspondence	e Δddr	200																
_ 1. Hesidelico/ Correspondent	70 Addit																	
City/Town/Village												P	in Co	de				
State												C	Counti	ry				
Telephone (Office) Telephone (Residence)									M	Fax obile N	0							
· ' '																		
Email ID									T									
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4. Permanent Address													Pin C					
4. Permanent Address City/Town/Village																		
4. Permanent Address City/Town/Village State C DECLARATION I hereby declare that the details furn and I undertake to inform you of any	y change	s there	in, imr	nediat	ely. In	case	any c	f the a	abov	e inforr	natio	pelief						
4. Permanent Address City/Town/Village State C DECLARATION I hereby declare that the details furn	y change	s there	in, imr	nediat ng, I a	ely. In	case are th	any o at I m	f the a	abov	e inforr	natio	pelief		ntry	2 Clier	nt Signa	ture	
4. Permanent Address City/Town/Village State C DECLARATION I hereby declare that the details furn and I undertake to inform you of any found to be false or untrue or misles FOR OFFICE USE ONLY In Person Verification (IPV) Details:	y change ading or r	s there nisrepr	in, imr esenti	nediat ng, I a Date	ely. In m awa e : D	case are th	any c at I m	of the a	above held	e inforr liable f	natio for it.	pelief		ntry	2 Clier	nt Signa	ture	
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4. Permanent Address City/Town/Village State City/Town/Village State City/Town/Village State City/Town/Village State Concept of the Person who has done the	y change ading or r	s there nisrepo	in, imr resenti	nediat ng, I a Date	ely. In m awa e : D	case are th	any c at I m	of the a	above held	e inforr liable t	matio for it.	pelief n is		ntry F			ture	

