

BANK DETAILS ADDITION / MODIFICATION REQUEST FORM

Regd office address: 11/6B, Shanti Chamber, Pusa Road, New Delhi – 110 005 CRF
& DPoffice address:9B, Netaji Subhash Marg, Daryaganj, Delhi – 110 002

Please fill the details in BLOCK letters in English (Strike Off, If not applicable)

Trading code										Date	D	D	M	M	Y	Y
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CDSL DP A/C No.	1	2	0													
NSDL DP A/C No.	I	N	3	0	3	6	5	5								

Account Holders Details																
Name of First Holder																
Name of Second Holder																
Name of Third Holder																

I/We request you to make the following changes to my/our account in your records.

<input type="checkbox"/> Trading Account	<input type="checkbox"/> Demat Account	<input type="checkbox"/> Both
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Bank Details	New Details															
<input type="checkbox"/> Primary	Bank Name															
	A/C Number															
	IFSC	0														
	MICR															
<input type="checkbox"/> Secondary	Bank Name															
	A/C Number															
	IFSC	0														
	MICR															

Supporting Document Enclosed	<input type="checkbox"/> Copy of latest bank Passbook	<input type="checkbox"/> Copy of latest bank statement Original	<input type="checkbox"/> Cancelled Cheque
	<i>(With Preprinted name of account holder, IFSC Code & MICR Code)</i>		

Financial Details	
Gross Annual Income Details (Please Specify)	<input type="checkbox"/> Below Rs 1 Lakh <input type="checkbox"/> Rs 1 - 5 Lakh <input type="checkbox"/> Rs 5 - 10 Lakh <input type="checkbox"/> Rs 10 - 25 Lakh <input type="checkbox"/> Above Rs 25 Lakh
Net worth (should not be older than 1 year)(Mandatory for Non- Individual)	Rs. _____ as on date ____/____/20____

#Provide document in support of financial details (mandatory for Derivatives)

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information 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.

Client Sign	1 st Holder	2 nd Holder	3 rd Holder	Verified By Branch /Sub Brokerwith Stamp

For Office Use only:

Maker		Checker		Date	D	D	M	M	Y	Y
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