

DEMAT ACCOUNT UPDATION/ADDITION REQUEST FORM

Trading code								Date	D	D	M	M	Y	Y
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Account Holders Details													
Name of Account Holder													

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

Demat Account Change Request															
<input type="checkbox"/> Primary	Demat A/C Number														<input type="checkbox"/> Copy of latest self-attested Client master/Holding statement with DP stamp
<input type="checkbox"/> Secondary	Demat A/C Number														
Financial Details								Net worth (should not be older than 1 year) (Mandatory for Non- Individual)							
Gross Annual Income Details (Please Specify)								Rs. _____ as on date ____/____/20____							
θ Below Rs 1 Lakh		θ Rs 1 - 5 Lakh		θ Rs 5 - 10 Lakh											
θ Rs 10 - 25 Lakh		θ Above Rs 25 Lakh													

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	
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For Office Use only:

Maker		Checker		Date	D	D	M	M	Y	Y
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