

**APPLICATION FOR CHANGE IN CLIENT MASTER (To be Filled in CAPITAL Letters only)**

Application No.:

Date:

Dear Sir,

Please make necessary change/add in my / our client account as per details given below, (please Tick Appropriate Option To Make Necessary Changes)

<b>CHANGE TO BE EFFECTED IN :</b>	Equity Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Currency Account <input type="checkbox"/>	Commodity Account <input type="checkbox"/>
	CDSL DP ID-12012600	BO ID <input type="text"/>	Terminal (Client) Code <input type="text"/>	

Name of 1st Holder \_\_\_\_\_

Name of 2nd Holder \_\_\_\_\_

Name of 3rd Holder \_\_\_\_\_

I/ We request to carry out the change of address/ signature in KRA  Yes  No **AADHAAR No.**

<b>CHANGE OF</b> <input type="checkbox"/> CORRESPONDENCE / <input type="checkbox"/> PERMANENT ADDRESS (proof Required) & <input type="checkbox"/> TELEPHONE NUMBER <input type="checkbox"/> SIGNATURE														
<table border="0"> <tr> <td><b>Old Address</b> _____</td> <td><b>New Address</b> _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Landmark _____</td> <td>Landmark _____</td> </tr> <tr> <td>City _____ PIN* <input type="text"/></td> <td>City _____ PIN* <input type="text"/></td> </tr> <tr> <td>State _____</td> <td>State _____</td> </tr> <tr> <td>Tel. No. _____ Fax No. _____</td> <td>Tel. No. _____ Fax No. _____</td> </tr> <tr> <td>Old Signature: <input type="text"/></td> <td>New Signature: <input type="text"/></td> </tr> </table>	<b>Old Address</b> _____	<b>New Address</b> _____	_____	_____	Landmark _____	Landmark _____	City _____ PIN* <input type="text"/>	City _____ PIN* <input type="text"/>	State _____	State _____	Tel. No. _____ Fax No. _____	Tel. No. _____ Fax No. _____	Old Signature: <input type="text"/>	New Signature: <input type="text"/>
<b>Old Address</b> _____	<b>New Address</b> _____													
_____	_____													
Landmark _____	Landmark _____													
City _____ PIN* <input type="text"/>	City _____ PIN* <input type="text"/>													
State _____	State _____													
Tel. No. _____ Fax No. _____	Tel. No. _____ Fax No. _____													
Old Signature: <input type="text"/>	New Signature: <input type="text"/>													

**OLD MOBILE NO. and EMAIL ID**

Primary	Mobile No.	<input type="text"/>	Email ID	<input type="text"/>
Secondary	Mobile No.	<input type="text"/>	Email ID	<input type="text"/>

**NEW MOBILE NO. and EMAIL ID (Proof Not Required)**

Primary	Mobile No.	<input type="text"/>	Email ID	<input type="text"/>
Secondary	Mobile No.	<input type="text"/>	Email ID	<input type="text"/>

**APPLICATION FOR TRADING ONLY**

Please specify the new mobile registered in the name of: \_\_\_\_\_

\* for activating SMS & Email option on updated mobile number email id requires SMS & email consent form as per Exchange prescribed format.

\* change of email id shall automatically change email id for ECN and other confirmation.

**Request to update**  Financial details (Proof Required)  Occupation  Others (Please specify) \_\_\_\_\_

	EXISTING DETAILS	NEW DETAILS
Financial Details	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Services <input type="checkbox"/> Others _____	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Services <input type="checkbox"/> Others _____
Others		

**OLD BANK DETAILS**

Bank Name <input type="text"/>	MICR No. <input type="text"/>
Branch Address <input type="text"/>	IFSC Code <input type="text"/>
Bank A/c No. <input type="text"/>	Type of A/c <input type="text"/>

**NEW BANK DETAILS (Proof required)**  Equity  Demat  Currency  Commodity

Bank Name <input type="text"/>	MICR No. <input type="text"/>
Branch Address <input type="text"/>	IFSC Code <input type="text"/>
Bank A/c No. <input type="text"/>	Type of A/c <input type="text"/>

**DP Details (Proof required)**  Primary  Secondary

DP ID <input type="text"/>	DP NAME <input type="text"/>	CLIENT ID <input type="text"/>
PAN Details 1st Holder <input type="text"/>	2nd Holder <input type="text"/>	3rd Holder <input type="text"/>

SMS Facility  MOBILE NO.  (Please mention Mobile Number to receive SMS)

Signature  1st Holder  2nd Holder  3rd Holder