

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

Application No.:

Date:

D	D	M	M	Y	Y	Y	Y
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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)

CHANGE TO BE EFFECTED IN :	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 <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Terminal (Client) Code <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

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.**

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CHANGE OF <input type="checkbox"/> CORRESPONDENCE / <input type="checkbox"/> PERMANENT ADDRESS (proof Required) & <input type="checkbox"/> TELEPHONE NUMBER <input type="checkbox"/> SIGNATURE																																																	
Old Address Landmark City PIN* <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> State Tel. No. Fax No. Old Signature: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									New Address Landmark City PIN* <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> State Tel. No. Fax No. New Signature: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								

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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																																					
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DP Details (Proof required)		Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>																																																						
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Signature



1st Holder

2nd Holder

3rd Holder