



Fields marked * are mandatory. Please fill in English, in BLOCK letters, one box per character.

CLIENT ID:

[illegible]

Signature of First Holder

[illegible]

Address Line 1:																																																											
Address Line 2:																																																											
Address Line 3:																																																											
City:																												District:																															
State:																												Country:																												Country Code (ISO):			
PIN Code:																																																											

[illegible]

Mobile No.*:	Country Code	<table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	Mobile Number	<table border="1" style="display: inline-table; width: 180px; height: 20px;"></table>
Email ID*:	<table border="1" style="width: 100%; height: 20px;"></table>			
Place / City of Birth:	<table border="1" style="width: 100%; height: 20px;"></table>			
Tax resident outside India:	☐ Yes ☐ No			
Country of Tax Residency:	<table border="1" style="width: 100%; height: 20px;"></table>			
Tax ID No. (TIN):	<table border="1" style="width: 100%; height: 20px;"></table>			

Signature of Applicant

Employee Signature:

Branch Name & Code:



SOL ID: **Date:** (DDMMYYYY) **DP ID:**

Client ID:

[illegible]

I/We hold a demat account with you and request the following modification(s) (tick as applicable):

Holder Details	First / Sole Holder	Second Holder	Third Holder
Holder's Name*			
PAN No.*			
Aadhaar No.*			
Date of Birth (DD/MM/YYYY)*			
Mobile No.*			
Email Id*			
Mobile / Email Belongs To*	☐ To Me ☐ My Family	☐ To Me ☐ My Family	☐ To Me ☐ My Family
SMS Alert Facility*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e-Statement Facility*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Address Type*: ☐ Permanent Address ☐ Correspondence Address ☐ Foreign Address ☐ Guardian Address

[illegible][illegible][illegible]

State:															Country Code (ISO):			PIN Code:								
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☐ Receive annual reports / AGM notices / other communications from Issuer & RTA in physical form (if email is registered with us) ☐ Yes ☐ No
☐ Receive CAS (Consolidated Account Statement) from NSDL / CDSL on my registered email ID ☐ Yes ☐ No
☐ Shift Demat A/c from Branch (SOL -

) to Branch (SOL -

)
☐ Change in Name (Individual / Corporate) — From

 To

Any other change / modification not listed above:

Particulars / Item	Existing Details	New Details

Reason: (enclose self-attested ID proof, verified with original by branch)

	1st Holder	2nd Holder	3rd Holder
SIGN IN CASE OF SIGNATURE CHANGE ONLY			

Bank Detail (for credit / debit)	Dividend Bank A/c	Charges Bank A/c (☐ Same as Dividend A/c)
Bank Name		
Branch Address		
Saving / Current A/c No.		
MICR Code		
IFSC Code		

Gross Annual Income	1st Holder	2nd Holder	3rd Holder
Individual	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L
Non-Individual	☐ <20L ☐ 20-50L ☐ 50L-1Cr ☐ >1Cr		

I/We authorise the Bank to allow operations in my/our demat account as per the new signature(s)/details above. This authorisation is irrevocable until further written instruction is received and duly acknowledged by you.

Sole / 1st Holder	2nd Holder	3rd Holder

Client visited the branch and signed in the presence of the branch official; identity proof & photograph verified with original and found satisfactory.

Modification No.:

Entered By: _____ Verified By: _____

PF No.: _____ Name of Branch Official: _____

Signature & Seal:
