Application for Change	e in Client Master (To be Filled in CAPITAL letters	MIRAE ASSET Sharek
To,		Client Name
SHAREKHAN LIMITED Registered Office Address : Maharashtra, INDIA Tel: 02: Correspondence Office Add MSEB Staff Colony, TTC Inc	The Ruby, 18th Floor, 29 Senapati Bapat Marg 2 - 6750 2000 I Fax: 022 - 2432 7343 I Website ress : 10th Floor, Gigaplex Bldg. No. 9, Raheja Justrial Area, Airoli, Navi Mumbai, Maharashtra N300513 / 12036000 • DP SEBI REG. NO. IN-E	: https://www.sharekhan.com Date: DDDMMMYYYYY Mindspace, Airoli Knowledge Park Rd,
)ear Sir,		
, ,	e/add in my/our client account as per details given	below, (PLEASE TICK APPROPRIATE OPTION TO MAKE NECESSARY CHANGES)
Trading Code:	-	PAN No:
NSDL DP ID-IN300513 Client I		CDSL DP ID-12036000 B0 ID
Name of 1st Holder Name of 2nd Holder	Name	tory Account Trading + Depository Account Middle Name Surname
Permanant Address :		
 A- Passport Number B- Voter ID Card C- Driving Licence D- NREGA Job Card E - National Populatior 		d through digital KYC process needs to be submitted (anyone of the following O F - Proof of Possession of Aadhaar G - E-KYC Authentication H- Offline verification of Aadhaar H- Offline verification of Aadhaar
Line 3		City / Town / Village*
		State
Country		
•		of the proof of Address (PoA) as per the check list provided .
		 □ F - Proof of Possession of Aadhaar □ G - E-KYC Authentication □ H - Offline verification of Aadhaar □ I - Deemed Proof of Address □ I - I = I = I
		City / Town / Village*
District*	Pin / Post Code* _	State
Country		
CONTACT DETAILS (All co	mmunications will be sent on provided Mol	ile no. / Email-ID)
Tel. No.	Fax No	
		2nd Holder 3rd Holder
kindly tick relevant option	ereby declare that the Mobile number longs to Self OR Family* (specify relation) Spouse Dependent Children Dependent Parents	9 1 Mqbild No + 9 1 Mqbild No reby declare that the Mobile number ongs to I hereby declare that the Mobile number belongs to I hereby declare that the Mobile number belongs to elf OR Family* (specify relation) Self OR Family* (specify relation) Self OR Consent for SMS Alert facility Yes No Email ID Email ID Email ID
(*Family to strictly include be	longs to belo	reby declare that the Email ID ongs to elf OR Family* (specify relation) pouse Dependent Children Dependent Parents Spouse Dependent Children Dependent Parents
BANK DETAILS (Proof	f required) Update Bank in Mutual F	und 🔄 Update the Given Bank A/C as Default / Future Transaction 📃
Bank A/c No		Type of A/c IFSC Code
Branch Address		
	•	to be submitted for same) Default Option
		er3rd Holder
Update Aadhaar/UID 1st Hol Signature	der	2nd Holder 3rd Holder
holder as per DP A	per supporting proofs for change in Client master. 2. A/c must sign the documents . 5. *Family to strictly inc Office Use Only	Please submit the same in duplicate for acknowledgment. 3. If changes are to be done in DP-then ludes spouse, dependent- children and dependent parents only. Kindly tick relevant option)
Scrutiny Emp Code Data Entered By Verified By Reference No.		BRANCH STAMP HO STAMP
L	ase contact Sharekhan Ltd. at the above mentioned R	egistered/Correspondence office address or e-mail at igc@sharekhan.com