

Application for Change in Client Master (To be Filled in CAPITAL letters only)

Client Name _____

Contact No. _____

To,
SHAREKHAN LIMITED

Registered Office Address : 1st Floor, Tower No. 3, Equinox Business Park, LBS Marg, Off BKC, Kurla (West), Mumbai 400 070, Maharashtra, India Tel: 022 - 6750 2000 | Fax: 022 - 2432 7343 | Website: <https://www.sharekhan.com>

Date:

D	D	M	M	Y	Y	Y	Y
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Correspondence Office Address : 10th Floor, Gigaplex Bldg. No. 9, Raheja Mindspace, Airoli Knowledge Park Rd, MSEB Staff Colony, TTC Industrial Area, Airoli, Navi Mumbai, Maharashtra 400708, India. Tel: 022 - 61169000/ 61150000; Fax no: 61169699 • DP ID IN300513 / 12036000 • DP SEBI REG. NO. IN-DP-365-2018 • For inquiries & queries email at dpcall@sharekhan.com

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)

Trading Code: <input style="width: 100%;" type="text"/>				PAN No: <input style="width: 100%;" type="text"/>			
NSDL DP ID-IN300513 Client ID <input style="width: 100%;" type="text"/>				CDSL DP ID-12036000 BO ID <input style="width: 100%;" type="text"/>			
CHANGE TO BE EFFECTED IN :				Trading Account <input style="width: 100%;" type="text"/>			
				Depository Account <input style="width: 100%;" type="text"/>			
Name of 1st Holder				Name			
Name of 2nd Holder				Middle Name			
Name of 3rd Holder				Surname			

Permanant Address :

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="checkbox"/> B- Voter ID Card	<input type="checkbox"/> C- Driving Licence	<input type="checkbox"/> D- NREGA Job Card	<input type="checkbox"/> E - National Population Register Letter	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="checkbox"/> G - E-KYC Authentication	<input type="checkbox"/> H- Offline verification of Aadhaar

Line 1*

Line 1 _____

Line 2 _____

Line 2 _____

Line 3 _____ City / Town / Village* _____
 District** _____ Pin / Post Code* _____
 State _____

District* _____ Pin / Post Code* _____ State _____

Country _____

Correspondence Address : ☐ same as above Certified copy of any of the proof of Address (PoA) as per the check list provided .

<input type="checkbox"/> A - Passport Number	<input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/>
<input type="checkbox"/> C - Driving Licence	<input type="text"/>	<input type="checkbox"/> H - Offline verification of Aadhaar	<input type="text"/>
<input type="checkbox"/> D - NREGA Job Card	<input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address	<input type="text"/>
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/>		

Line 1*

Line 1 _____
 Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State _____

Country _____

CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel No _____ Fax No _____

1st Holder													2nd Holder													3rd Holder												
Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)													Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)													Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)												
I hereby declare that the Mobile number belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No													I hereby declare that the Mobile number belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No													I hereby declare that the Mobile number belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No												
Email ID													Email ID													Email ID												
Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)													Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)													Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only Kindly tick relevant option)												
I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents													I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents													I hereby declare that the Email ID belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents												

BANK DETAILS (Proof required) Update Bank in Mutual Fund ☐ Update the Given Bank A/C as Default / Future Transaction ☐

[illegible]

Bank Name		
Bank A/c No	Type of A/c	

Bank Name: _____ JFE Code: _____
MICR No. _____ IESC Code _____

Branch Address _____ If SC code _____

DP Details (Proof to be submitted for same)

Default Option ☐

LINK DP ID										DP NAME										CLIENT ID									
Update PAN / DOB. 1st Holder										2nd Holder										3rd Holder									
Update Aadhaar/UID. 1st Holder										2nd Holder										3rd Holder									

Signature	1st Holder	2nd Holder	3rd Holder
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NOTE: 1. Please furnish proper supporting proofs for change in Client master. 2. Please submit the same in duplicate for acknowledgment. 3. If changes are to be done in DP-then all holder as per DP a/c must sign the documents . 5. *Family to strictly includes spouse, dependent- children and dependent parents only. Kindly tick relevant option)

For Office Use Only		BRANCH STAMP	HO STAMP
Scrutiny Emp Code			
Data Entered By			
Verified By			
Reference No.			

For any grievance/dispute, please contact Sharekhan Ltd. at the above mentioned Registered/Correspondence office address or e-mail at igc@sharekhan.com or contact at 022- 41523200 / 61151111 • Compliance Officer - Mr. Joby John Meledan - Email complianceofficer@sharekhan.com Contact No. 022-46573809