

To,
Sharekhan Limited
 Lodha, i Think Techno Campus, 10th Floor, Beta Building, Off. JVLR,
 Opp. Kanjurmarg Railway Station, Kanjurmarg (E), Mumbai - 400042.
 Tel.: 022-61151111 Fax: 022-67481891 email at dpcall@sharekhan.com

 Client Name _____
 Contact No. _____
 Trading Code: _____
 CDSL DP ID-12036000 BO ID _____
 NSDL DP ID-IN300513 Client ID _____

Sub.: Application for Change in Client Master (To be Filled in CAPITAL letters only) 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 :	Trading Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Trading + Depository Account <input type="checkbox"/>
Name of 1st Holder _____	Name	Middle Name	Surname
Name of 2nd Holder _____			
Name of 3rd Holder _____			

CHANGE OF PERMANANT/LOCAL ADDRESS AND TELEPHONE NUMBER (Proof Required)											
New Address _____	Old Address _____										
Landmark _____	Landmark _____										
City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>						City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>					
State _____	State _____										
Tel. No. _____ Fax No. _____	Tel. No. _____ Fax No. _____										

CHANGE OF CORRESPONDENCE ADDRESS AND TELEPHONE NUMBER (Proof Required)											
New Address _____	Old Address _____										
Landmark _____	Landmark _____										
City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>						City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>					
State _____	State _____										
Tel. No. _____ Fax No. _____	Tel. No. _____ Fax No. _____										

	1st Holder	2nd Holder	3rd Holder
Mobile Number Declaration	+ 9 1 _____ Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents (Consent for SMS Alert Facility) <input type="checkbox"/> Yes <input type="checkbox"/> No	+ 9 1 _____ Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents (Consent for SMS Alert Facility) <input type="checkbox"/> Yes <input type="checkbox"/> No	+ 9 1 _____ Mobile No. _____ I hereby declare that the Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents (Consent for SMS Alert Facility) <input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID Declaration	Email ID _____ I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents	Email ID _____ I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents	Email ID _____ I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Children <input type="checkbox"/> My Parents

BANK DETAILS (Proof required)	Update Bank in Mutual Fund <input type="checkbox"/>	Update the Given Bank A/C as Default / Future Transaction <input type="checkbox"/>
Bank Name _____	Type of A/c _____	
Bank A/c No. _____	MICR No. _____ IFSC Code _____	
Branch Address _____		

DP Details (Proof to be submitted for same)		Default Option <input type="checkbox"/>																														
LINK DP ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>											DP NAME _____	CLIENT ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																				
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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.			