



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  
**SEBI REG. NO. IN-DP-365-2018**

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)

<b>CHANGE TO BE EFFECTED IN :</b>	Trading Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Trading + Depository Account <input type="checkbox"/>
<b>Name of 1st Holder</b> _____	Name	Middle Name	Surname
<b>Name of 2nd Holder</b> _____			
<b>Name of 3rd Holder</b> _____			

CHANGE OF PERMANANT/LOCAL ADDRESS AND TELEPHONE NUMBER (Proof Required)													
New Address _____ _____ _____ 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><td style="width: 15px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____							Old Address _____ _____ _____ 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><td style="width: 15px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____						

CHANGE OF CORRESPONDENCE ADDRESS AND TELEPHONE NUMBER (Proof Required)													
New Address _____ _____ _____ 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><td style="width: 15px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____							Old Address _____ _____ _____ 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><td style="width: 15px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____						

	1st Holder	2nd Holder	3rd Holder
<b>Mobile Number Declaration</b>	+ 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
	<b>Email ID Declaration</b>	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

<b>BANK DETAILS (Proof required)</b>	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 _____	
Update PAN / DOB. 1st Holder _____	2nd Holder _____	3rd Holder _____											
Update Aadhaar/UID 1st Holder _____	2nd Holder _____	3rd Holder _____											
SMS Facility 1st Holder _____	2nd Holder _____	3rd Holder _____											

Signature _____ <div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 5px;"></div>	1st Holder	Signature _____ <div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 5px;"></div>	2nd Holder	Signature _____ <div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 5px;"></div>	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 assistance, please feel free to contact your branch / RM or call Customer Service on 1-800-22-7500 / 30307600 (Local Call charges) or write to myaccount@sharekhan.com.  
 • Compliance Officer – Mr. Joby John Meledan – Email compliance@sharekhan.com Contact No. 022-61150000  
 • For Complaints email at igc@sharekhan.com.