

Office Copy

To,
SHAREKHAN LIMITED

Registered Office Address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA Tel: 022 - 6750 2000 I Fax: 022 - 2432 7343 I Website: https://www.sharekhan.com

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

Client Name _____

Contact No. _____

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)

Trading Code: _____																					
NSDL DP ID-IN300513 Client ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											CDSL DP ID-12036000 BO ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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 _____																					

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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<input type="checkbox"/> F - Proof of Possession of Aadhaar <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td> </td><td> </td></tr></table>	X	X	X	X	X	X	X	X		
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Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<input type="checkbox"/> F - Proof of Possession of Aadhaar <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td> </td><td> </td></tr></table>	X	X	X	X	X	X	X	X		
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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)	+ 9 1 _____ Mobile 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	+ 9 1 _____ Mobile 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	+ 9 1 _____ Mobile 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)	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

Bank Name _____
 Bank A/c No. _____ Type of A/c _____
 MICR No. _____ IFSC Code _____
 Branch Address _____

DP Details (Proof to be submitted for same)

Default Option

LINK DP ID

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 DP NAME _____ CLIENT ID

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Update PAN / DOB. 1st Holder

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 2nd Holder

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 3rd Holder

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Update Aadhaar/UID 1st Holder

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 2nd Holder

--	--	--	--	--	--	--	--	--	--

 3rd Holder

--	--	--	--	--	--	--	--	--	--

Signature <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"><tr><td style="text-align: center;">1st Holder</td></tr></table>	1st Holder	Signature <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"><tr><td style="text-align: center;">2nd Holder</td></tr></table>	2nd Holder	Signature <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"><tr><td style="text-align: center;">3rd Holder</td></tr></table>	3rd Holder
1st Holder					
2nd Holder					
3rd Holder					

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								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Scrutiny Emp Code</td><td> </td></tr> <tr><td>Data Entered By</td><td> </td></tr> <tr><td>Verified By</td><td> </td></tr> <tr><td>Reference No.</td><td> </td></tr> </table>	Scrutiny Emp Code		Data Entered By		Verified By		Reference No.			
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