1	
<b>MIRAE ASSET</b> Sha	rekhan

Application for Change in Client Master (To be Filled in CAPITAL letters only) Client Name Contact No 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 inquires & 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: PAN No: NSDL DP ID-IN300513 Client ID CDSL DP ID-12036000 BO ID CHANGE TO BE EFFECTED IN : Trading Account Depository Account [ Trading + Depository Account Name of 1st Holder 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) F - Proof of Possession of Aadhaar XXXXXXXX ☐ A- Passport Number ☐ G - E-KYC Authentication ☐ B- Voter ID Card ☐ C- Driving Licence ☐ H- Offline verification of Aadhaar ☐ D- NREGA Job Card ☐ E - National Population Register Letter Line 1\* Line 2 Line 3 City / Town / Village\* -Pin / Post Code\* – District\* -State Country -**Correspondence Address:** ☐ same as above Certified copy of any of the proof of Address (PoA) as per the check list provided. ☐ F - Proof of Possession of Aadhaar 🔀 ☐ A - Passport Number ☐ B - Voter ID Card ☐ G - E-KYC Authentication  $\square$  C - Driving Licence ☐ H - Offline verification of Aadhaar ☐ D - NREGA Job Card ☐ I - Deemed Proof of Address ☐ E - National Population Register Letter 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) Fax No. 1st Holder 2nd Holder 3rd Holder Mobile Number Declaration + 9 1 Mobile No Mobile No. + 9 1 Mobile No. (\*Family to strictly include spouse, dependent children I hereby declare that the Mobile number I hereby declare that the Mobile number I hereby declare that the Mobile number belongs to belongs to belongs to and dependent parents only Kindly tick relevant option) □ Self OR □ Family\* (specify relation)
□ Spouse □ Dependent Children□ Dependent Parents
Consent for SMS Alert facility □ Yes □ No □ Self OR □ Family\* (specify relation)
□ Spouse □ Dependent Children□ Dependent Parents
Consent for SMS Alert facility □ Yes □ No □ Self OR □ Family\* (specify relation)
□ Spouse □ Dependent Children□ Dependent Parents
Consent for SMS Alert facility □ Yes □ No Email ID Declaration
(\*Family to strictly include spouse, dependent children spouse, dependent children spouse dependent children Spouse Dependent Children Dependent Parents

| I hereby declare that the Email ID belongs to belongs to Self OR Family\* (specify relation) Self OR Family\* (specify relation) Spouse Dependent Parents I hereby declare that the Email ID belongs to  $\square$  Self OR  $\square$  Family\* (specify relation) and dependent parents only Kindly tick relevant option) ☐ Spouse ☐ Dependent Children ☐ Dependent Parents Update Bank in Mutual Fund Update the Given Bank A/C as Default / Future Transaction BANK DETAILS (Proof required) 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 \_\_\_\_ DP NAME ICLIENT ID Update PAN / DOB. 1st Holder 3rd Holder 2nd Holder Update Aadhaar/UID 1st Holder 2nd Holder 3rd Holder Signature

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 Scrutiny Emp Code Data Entered By

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. 022-62263303

Verified By Reference No.