

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: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
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	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
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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: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							DP NAME _____	CLIENT ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
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SMS Facility 1st Holder _____	2nd Holder _____	3rd Holder _____																	

Signature _____	Signature _____	Signature _____
1st Holder	2nd Holder	3rd Holder

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For Office Use Only		BRANCH STAMP	HO STAMP
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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.

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