

Account Details Addition / Modification / Deletion Request Form

Inditrade Capital Ltd., XXXVI -202, JJ Complex, JJ Complex,
Dairy Methanam Road, Edappally, Kochi – 682024

Application No. _____ Date

D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID _____ Client ID _____

Account Holder's Details

Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

I/We request to carry out the change of **address / signature in the demat account**

I/We request to carry out the change of **address / signature in the KRA and demat account**

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====
Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.	Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
DP ID	Client ID									
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant Seal and Signature



For office use only (To be filled by financial institution)

Application Type* New Update
 KYC Number (Mandatory for KYC update request)
 Account Type* Normal

Please read the Instructions before filling the form.

1. PERSONAL DETAILS (Please refer instruction A at the end)

Name* (Same as ID proof)

Prefix First Name Middle Name Last Name

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* --

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not Categorised

Signature / Thumb Impression

PHOTO

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place/City of Birth* **ISO 3166 Country Code of Birth***

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number **Passport Expiry Date** --

B- Voter ID Card

C- PAN Card

D- Driving Licence **Driving Licence Expiry Date** --

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) **Identification Number**

S- Simplified Measures Account - Document Type code **Identification Number**

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 **City/ Town/ Village***

District* **Pin/Post Code*** **State/U.T Code*** **ISO 3166 Country Code***

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3

District* Pin/Post Code* City/Town/Village* State/U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3

State* ZIP/Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel.(Off) Tel.(Res) Mobile

FAX Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - -

Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Original Verified and Self-Attested Document Copies Received

IPV AND KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employer Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]