

**CLIENT REGISTRATION FORM  
ADDITION/MODIFICATIONS/DELETIONS REQUEST FORM  
(TO BE FILLED AND SIGNED BY THE CLIENT)**

<b>CLIENT CODE</b>	
<b>CLIENT NAME</b>	

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

**I] ADDRESS, TELEPHONE/PAN UPDATION** *(Please enclose proof for change in address, copy of PAN card)*

Existing Address/Tel.,	Addition / Modification / Deletion (Please specify)	New Address/Tel. (PIN Code is Mandatory)/PAN No.

**II] BANK DETAILS** *(Please enclose proof for new bank details)*

Addition/ Modification/ Deletion(Please specify)	To be treated as <b>DEFAULT</b> <b>/OPTIONAL</b> (Please specify)	Bank Name	Account Type (Current / Saving / Others)	9 digit MICR Code	Account No.
Bank Address					

**III] DEMAT DETAILS** *(Please enclose proof for new bank details)*

Addition/ Modification/ Deletion(Please specify)	To be treated as <b>DEFAULT</b> <b>/OPTIONAL</b> (Please specify)	DP (Please tick)	Client ID	DP ID	DP Name & Address
		<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL			

<b>SIGNATURE OF CLIENT</b>	<b>XX</b>
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<b>For Office Use Only</b>	
Name, sign of person incorporating the changes	
Date of up-dation	

**Note: 1. Please strike off table/s where no changes are required to be made.  
2. All Columns of the respective table where you need changes are mandatory.**