

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
 SEBI REG. NO. IN-DP-365-2018

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 _____ _____ _____ Landmark _____ City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____						Old Address _____ _____ _____ Landmark _____ City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____					

CHANGE OF CORRESPONDENCE ADDRESS AND TELEPHONE NUMBER (Proof Required)											
New Address _____ _____ _____ Landmark _____ City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table> State _____ Tel. No. _____ Fax No. _____						Old Address _____ _____ _____ Landmark _____ City _____ PIN* <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 15px;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table> State _____ 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	+ 9 1 Mobile 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	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	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 <input type="checkbox"/> Update the Given Bank A/C as Default / Future Transaction <input type="checkbox"/>
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 <input type="checkbox"/>
LINK DP ID	DP NAME	CLIENT ID	
Update PAN / DOB. 1st Holder	2nd Holder	3rd Holder	
Update Aadhaar/UID 1st Holder	2nd Holder	3rd Holder	
SMS Facility 1st Holder	2nd Holder	3rd Holder	

Signature <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"></table>	Signature <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"></table>	Signature <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"></table>
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			
Scrutiny Emp Code		BRANCH STAMP	HO STAMP
Data Entered By			
Verified By			
Reference No.			

