

To,

INDITRADE CAPITAL Limited
 Depository Division
 J.J Complex
 Dairy Methanam Road
 Edappally, Kochi - 682024

Date:

ACCOUNT DETAILS MODIFICATION REQUEST FORM

Please fill all the details in BLOCK LETTERS

DP ID	I	N	3	0	1	8	9	5	Demat ID										
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I/We request you to make the following modifications to my/our account in your records.

Address for Communication	New Details																			
	Pin Code (Mandatory)																			
EMAIL																				
Bank Particulars	Bank Sub-Type			SB <input type="checkbox"/>			CA <input type="checkbox"/>			CC/OD <input type="checkbox"/>										
	Bank Account No.																			
	Bank Name																			
	Bank Address																			
	Pin Code (Mandatory)																			
9 Digit MICR No.																				
Telephone No: (provide STD code)																				
Mobile No:																				

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Instructions.

1. Attach copy of Id Proof & New Address Proof for Address modification.
2. Attach Bank Statement (not older than 2 months) for Bank details modification.
3. All joint holders should sign the request.



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

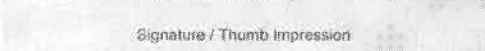
Marital Status* Married Unmarried Others

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 Categorized

PHOTO 

Signature / Thumb Impression 

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

District* Pin/Post Code* City/ Town/ Village* 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 City/Town/Village*

District* Pin/Post Code* 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 City/Town/ Village*

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.

Date : - - Place :

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

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

(Signature)

INSTITUTION DETAILS

Name

Code

(Signature)