

Branch : _____ SOLID : _____

DEMAT A/c. MODIFICATION FORM-DMF

DP ID :

Client ID :

Name : _____

Dear Sir / Madam

I/We are holding a demat account with you, I/We request you to :

Change my/our address to the said account as given below : Permanent Correspondence

If correspondence address ticked then Permanent Address will be kept as it is and all communication will be sent to the correspondence address mentioned.	New Correspondence Address _____	
	City : _____	Pin code : <input type="text"/>

Permanent / Foreign Address / Guardian Address _____

City : _____ Pin code:

<input type="checkbox"/>	First / Sole Holder	Second Holder	Third Holder
PAN No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
AADHAR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Telephone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id	<input type="text"/>	<input type="text"/>	<input type="text"/>
I hereby declare that the aforeside mobile no. & email belongs to	<input type="checkbox"/> To me <input type="checkbox"/> My Family	<input type="checkbox"/> To me <input type="checkbox"/> My Family	<input type="checkbox"/> To me <input type="checkbox"/> My Family
I want SMS alert facility at given mobile (Pls tick)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please enclose the PAN card / AADHAR card / Proof of DOB duly self-attested by the client and verified with original by the branch official.

Mode of Operation**: Singly Jointly Anyone of the holder or Survivor

*(**If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted)*

Receive annual reports, AGM notices and other communications from issuer & RTA in Physical form (In case of email ID is registered with us) Yes No

I would like to receive the CAS (Consolidated Account Statement) from NSDL / CDSL on my registered email ID. Yes No

For Joint accounts, Communication to be sent to : 1st Holder All Joint a/c holders

Shift our Demat account from _____ Branch (Sol - _____) to _____ Branch (Sol - _____)

Addition / Deletion / Modification of Power of Attorney Holder(s) (as attached)

Change of Residential status from Resident Indian to NRI (Non-Repatriable) in my/our aforesaid demat account as :

1. Ordinary to NRI (Non-Repatriable) Yes No

2. NRI(Non Repatriable) to Ordinary Yes No

I/we hereby declare that I/we have complied and will continue to comply with requirement under FEMA guidelines.

Add/Change RBI Approval (P.I.S.) Ref. No. to my account _____ dated _____

Standing Instruction for credit in my Demat Account Yes No

I/We authorise you to confirm "Auto Pledge confirmation" Yes No

Change in name in Individual/ Corporate Account : From _____
To _____

Submitting FATCA Declaration Yes No

(Please submit duly signed copy of FATCA declaration for individuals / non individuals / corporate, as applicable)

Change the financial (Bank) details for credit (receiving dividends) & debit (Charges recovery)

Please treat this authorisation as irrevocable till further instruction from outside is received in writing and the same is duly acknowledged by you.

	Dividend Bank A/c Detail	Charges Bank A/c Detail
Bank Name		
Branch Address		
Saving/Current A/c No.		
MICR Code		
IFSC Code		

* Other than PNB A/c holders, Please submit personalized cancelled cheque leaf / Bank A/c statement authorised by the Bank official.

Change my billing category to _____ and update above charge bank detail

(Charges for changed billing category will be effective from next financial year)

Change in my/our Gross Annual Income Details

For Individual			For Non- Individual
1 st Holder	2 nd Holder	3 rd Holder	
<input type="checkbox"/> Below ` 1 lac	<input type="checkbox"/> Below ` 1 lac	<input type="checkbox"/> Below ` 1 lac	<input type="checkbox"/> Below ` 20 lac
<input type="checkbox"/> ` 1-5 lacs	<input type="checkbox"/> ` 1-5 lacs	<input type="checkbox"/> ` 1-5 lacs	<input type="checkbox"/> ` 20 – 50 lacs
<input type="checkbox"/> ` 5-10 lacs	<input type="checkbox"/> ` 5-10 lacs	<input type="checkbox"/> ` 5-10 lacs	<input type="checkbox"/> ` 50 – 1 crore
<input type="checkbox"/> ` 10 – 25 lacs	<input type="checkbox"/> ` 10 – 25 lacs	<input type="checkbox"/> ` 10 – 25 lacs	<input type="checkbox"/> Above ` 1 crore
<input type="checkbox"/> More than ` 25 lacs	<input type="checkbox"/> More than ` 25 lacs	<input type="checkbox"/> More than ` 25 lacs	

Change in authorised signatory/my/our signature(s) in your record on account of _____
_____(Reason) I/We authorise the Bank to allow operations in my our Demat account as per the new signatures only.

	Name of Holders	Old Signature	New Specimen Signature
1			
2			
3			

* Please submit proof of Identify duly self attested by the client and verified with original by the branch official.

CLIENTS' SIGNATURE

Signature of _____ (Names) as above attested Client has visited the Branch and affixed his/ her new signature in my presence. Verified the documents that were furnished are found satisfactory

Yours faithfully.

Sole / 1st Holder / Signatory

2nd Holder / Signatory

3rd Holder / Signatory

FOR OFFICE USE

Confirm that holder/s / authorized person visited and signed in present of the Branch Official.

Name of Branch Official	PF No	Signature & Seal
_____ (Incomplete detail will not be accepted)	_____	_____

For DP : Modification No.	Entered By	Verified By
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