

## Account Details Addition / Modification / Deletion Request Form

Application No.	Date			
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DPID	1	2	0	1	2	1	0		BO ID	0	0					
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Trading Code		Branch	
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### Account Holder's Details

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

Dear Sir / Madam,

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

- 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

Bank Details	Existing Details	New Details
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/>	Bank Name:	
	A/c No.:	
	A/c Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account	A/c Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account
	MICR (Mandatory for DP) <input type="text"/>	MICR (Mandatory for DP) <input type="text"/>
	IFS CODE <input type="text"/>	IFS CODE <input type="text"/>


Address Details	Existing Details	New Details
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/>		
	City: State:	City: State:
	Pin Code: Country:	Pin Code: Country:
	Tel No.: Mob.:	Tel No.: Mob.:

<b>Annual Income (Please tick ✓):</b>	<b>Email ID</b>
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 lac <input type="checkbox"/> 10-25 lac <input type="checkbox"/> More than 25 Lacs	

Other Details (Please Specify)	Existing Details	New Details

<b>Declaration of email id/Mobile Number</b>	I/We, hereby declare that the Mobile no.: <input type="checkbox"/> Email ID: <input type="checkbox"/> belongs to Mr/Mrs _____ Your Relation: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant child <input type="checkbox"/> Dependant Parent <input type="checkbox"/> A/P <input type="checkbox"/>
	I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.
	Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction

The DP can provide the services of issuing the statement of demat accounts in an electronic mode to me/us. The statement of demat accounts should be digitally signed

	First / Sole Holder	Second Holder	Third Holder
Signature * (As per DP)			

## Nomination Details

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We do not wish to nominate any one for this demat account.**
- I/We **nominate** the following person who is/are entitled to receive security balances lying in my/our accounts, particulars whereof are given below, in the event of my/our death.

Nominee Details	Nominee 1	Nominee 2	Nominee 3
<b>Nominee Name</b> *First Name Middle Name Last Name			
Address			
City			
State			
Pin			
Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
Relationship with the BO			

### In case if Nominee is Minor

Date of birth (mandatory)			
<b>Gaurdian Name</b> *First Name Middle Name Last Name	..... ..... .....	..... ..... .....	..... ..... .....
Address of Gaurdian of Nominee			
City			
State			
Country			
Pin			
Age			
Telephone No.			
FAX No.			
Email ID			
Relationship of Gaurdian with the Nominee			
Percentage of allocation of securities			
<b>Residual Securities</b> [please tick the respective nominee, (any one) if tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

**Note :** One Witness shall atleast signature / thumb impression

	First / Sole Holder / or Guardian (in case of minor)	Second Holder	Third Holder
Name			
Signature			

Details of the Witness		
Name of witness		Signature of witness
Address of witness		



**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

<b>For office use only</b> <i>(To be filled by financial institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
KYC Number	<input style="width: 100%;" type="text"/> <i>(Mandatory for KYC update request)</i>
Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small

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

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father Name*				
Mother Name*				
Date of Birth*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector ) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student ) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			
	Applicant Signature / Thumb Impression			<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">PHOTO</div>

**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)*

<input type="checkbox"/> A- Passport Number	<input style="width: 100%;" type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> C- PAN Card	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input style="width: 100%;" type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input style="width: 100%;" type="text"/>	Identification Number	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input style="width: 100%;" type="text"/>	Identification Number	<input style="width: 100%;" type="text"/>

**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  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

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Name <b>SURESH RATHI SECURITIES PVT. LTD.</b>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	<input type="text"/> [Institution Stamp]