Purva Sharegistry (India) Pvt. Ltd.

CIN: U67120MH1993PTC074079 | Phone: +91-22-41343262 Email:dp@purvashare.com
Unit no. 9, Shiv Shakti Ind. Estt, J.R. Boricha Marg, Lower Parel (E), Mumbai -400011

Composite Request for Client Modifications

☐ Demat A/c

DP ID – IN304990 **CLIENT ID: -** _____

I/we Under Signed hereby request Stock Holding to update the following details in my/our aforesaid demat account:

	1st Holder	2nd Holder	3rd Holder
PAN			
Aadhar			
Mobile No	☐☐ ☐☐☐☐☐☐☐☐☐☐ SMS Flag ☐ Yes ☐ No The mobile belongs to ☐ me or ☐ my family*	☐☐ ☐☐☐☐☐☐☐☐☐☐ SMS Flag ☐ Yes ☐ No The mobile belongs to ☐ me or ☐ my family*	☐☐ ☐☐☐☐☐☐☐☐☐☐ SMS Flag ☐ Yes ☐ No The mobile belongs to ☐ me or ☐ my family*
Email ID	_____ The email belongs to ☐ me or ☐ my family*	_____ The email belongs to ☐ me or ☐ my family*	_____ The email belongs to ☐ me or ☐ my family*

**Family means spouse, dependent children and dependent parents*

**While updating email branch official has to update e-bill facility flag*

Annual Income Range	**For Individual** ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to Rs. 5 Lac ☐ Rs. 5 Lac to Rs. 10 Lac ☐ Rs. 10 Lac to Rs. 25 Lac ☐ More than Rs. 25 Lac	**For Non Individual** ☐ Below Rs. 20 Lac ☐ Rs. 20 Lac to Rs. 50 Lac ☐ Rs. 50 Lac to Rs. 1 Crore ☐ More than Rs. 1 Crore **Networth (Amount in Rs.)** _____ **AS on date:** _____ *(Networth should not older than 1 year)*

Client must ensure the confidentiality of the password of the email account.
Client must promptly inform the Participant if the email address has changed.
Client may opt to terminate this facility by giving 10 days' prior notice. Similarly, Participant may also terminate this facility by giving 10 days' prior notice.

First Holder Name & Address Details:

Old Address ☐ Correspondence ☐ Permanent (*Submit details in Annexure if Both address are to be changed*)	**New Address** [please mention landmark] *(Self-attested copy of proof of Residence required alongwith original for verification) ☐ Correspondence ☐ Permanent
	Pin code (mandatory)

Tel. No. : _____ Date of birth / Incorporation: _____

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Bank Details:

(Cancelled cheque leaf is mandatory. If holder name is not pre-printed on cheque leaf then copy of bank passbook/statement)

	Old Bank Details	New Bank Details
Account no.		
Type		
Bank Name		
Branch name and address	**N.A.**	
9 digit MICR Code	**N.A.**	
IFSC Code	**N.A.**	

Second Holder Name & Address Details:

Old Address ☐ Correspondence ☐ Permanent (*Submit details in Annexure if Both address are to be changed*)	**New Address** [please mention landmark] * (*Self-attested copy of proof of Residence required alongwith original for verification*) ☐ Correspondence ☐ Permanent
	Pin code (mandatory)

Tel. No. :_____ DOB / DOI: _____

Third Holder Name & Address Details:

Old Address ☐ Correspondence ☐ Permanent (*Submit details in Annexure if Both address are to be changed*)	**New Address** [please mention landmark] * (*Self-attested copy of proof of Residence required alongwith original for verification*) ☐ Correspondence ☐ Permanent
	Pin code (mandatory)

Tel. No. :_____ DOB / DOI: _____

10) Mode of Operations for Joint Accounts: ☐ Jointly ☐ Anyone of the holder or Survivor(s)

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 pleadge / margin re-plege (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.

I/We authorize Mr/Ms_____ to submit the request on my/our behalf at my/our risk & r esponsibility. The representative signature is appended below and it is attested by me/us.*

Signature of authorized representative: _____

Signature of Holder: * _____ _____ _____

First Holder **Second Holder** **Third Holder**

*** Please carry Proof of Identity while submitting the documents at the counter.**

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(To be filled in at counter)

Signature of the client/Authorised representative submitting the request at the counter: _____

Important Notes: Fields marked with * are compulsory

1) The person submitting the request to provide copy of proof of identity along with original for verification, copy of latest transaction statement and clear pending dues if any
2) Please note on the basis of this form the email / mobile number changes can be done for KYC Modification also.
3) Please ensure that you have received your Nomination Registration Number for your nomination in the DP A/c.