

Addition / Modification of Information

Nam	ie d	of Authorised Person:						
Client Code: Branch Code :								
Name of Client:								
PAN: AADHAAR:								
Brokerage Slab no :								
A	A) Financial Information for the year :							
	Gross Annual Income (Please tick $\sqrt{\ }$) : Below 1 Lac $\boxed{\ }$ 1-5 Lacs $\boxed{\ }$ 5-10 Lacs $\boxed{\ }$ 10-25 Lacs $\boxed{\ }$ 25 Lacs $\boxed{\ }$ OR							
	Net worth in Rs as on (date)							
B) Mobile No.:Belong to							Relation	
	C) E-mail: I/We hereby give you consent for receiving contract notes in an electronic form (ECN) and other digitally signed communication via email on my/our email ID as under:							
Bank Details: Sr. Bank Name & Address IFSC MICR Account No.								Default
No	В	ank Name & Address	II.	30	IVIIC	N .	Account No.	
1.			_	-	-			Y/N
2.		4 1		-				Y/N
		Details:		T		T		
Sr.No		DP Name	_	DP ID		Demat /	Account No.	Default
1.		4 1	F					Y/N
2.								Y/N
		quest you to update my	our a	above informa	tion.			
(x) S	Sigr	n of the client						
Date:					Pla	ce:		