

Account Details Modification Request Form

KRISHNA MULTIFARIOUS CONSULTANCY PRIVATE LIMITED

JAY VIJAY ROAD,OPP. MAHAVIR COMPLEX, UNJHA-384170,GUJARAT.

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SEBI REG. NO. IN-DP-CDSL-307-2017.

DP ID -12072700

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID	1	2	0	7	2	7	0	0	Client ID							
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Account Holder's Details

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

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**

I/We request you to make the following modifications to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Modification	Existing Details	New Details

Attach an Annexure (with signature(s) if the space above is found insufficient.

I am ready to pay below mentioned charges (i.e. Rs. 50 + taxes) per modification

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: Account will be charged at Rs. 50/- per modification, if any type of Modification i.e. Bank Account, Mobile No. Email Id, Address etc, it will be charged to particular BO Id for per modification.

===== (Please Tear Here) =====

Acknowledgement Receipt

Received Account Details Modification request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y						
DP ID	1	2	0	7	2	7	0	0	Client ID							
Name of the Sole / First Holder																
Name of Second joint Holder																
Name of Third joint Holder																
Modification requested for: [Specify reason]																