**Account Details Addition / Modification / Deletion Request Form**

 **Ramaniklal Mohanlal Capital Markets Pvt Ltd., Great Social Building, 2nd Floor, 60 Sir. P.M.Road, Fort, Mumbai 400001,**

**Telephone No. 022 22660565, 022 22665749**

**LLLLtd.,**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application No. |  | Date | D | D | M | M | Y | Y | Y | Y |

Please fill all the details in Block Letters in English

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DP ID | 1 | 2 | 0 | 8 | 5 | 7 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 correspondence/permanent 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 additions / modifications / deletions to my/our account in your records.

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS****(Please specify change of correspondence/****/permanent address, nominee, bank details, telephone****number, sub-status etc.)** | **Addition / Modification / Deletion (Please specify)** | **Existing Details** | **New Details** |
|  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First/Sole Holder** | **Second Holder** | **Third Holder** |
| Name |  |  |  |
| Signature |  |  |  |

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

**Acknowledgement Receipt**

Received Account Details Addition / Modification / Deletions request as per details given below :

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

**Depository Participant Seal and Signature**