CLIENT Trading Modification Request

To,

RAMANIKLAL MOHANLAL CAPITAL MARKETS PVT.LTD. DATE: - \_\_\_/\_\_\_\_/\_\_\_

**Name of the Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client code**:\_\_\_\_\_\_\_\_\_\_

⬜ TICK IF APPLICABLE:Consent to receive contract note, bills etc. through E- Mail or SMS.

|  |  |
| --- | --- |
|  | **NEW DETAILS** |
| EMAIL CHANGE |  |
| MOBILE CHANGE |  |

⬜ TICK IF APPLICABLE: Change in DP ID change of the client

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DP CHANGE** | **(CDSL / NSDL )** | **DP Name and Address** | **DP ID** | **CLIENT ID** | **First / Joint Holder** | **Payin** | **Payout** |
| **NEW DP ADDITION** |  |  |  |  |  |  |  |

⬜ TICK IF APPLICABLE: Change in Bank details of the client

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details** | **Bank 1** | | | | | | | | | | **Bank 2** | | | | | | | | | |
| **Bank Name** |  | | | | | | | | | |  | | | | | | | | | |
| **Branch Address** |  | | | | | | | | | |  | | | | | | | | | |
| **Account Type (✔)** | **SB □ CA □ NRE □ NRO □** | | | | | | | | | | **SB □ CA □ NRE □ NRO □** | | | | | | | | | |
| **A/C No.** |  | | | | | | | | | |  | | | | | | | | | |
| **MICR No.** |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **IFSC CODE** |  | | | | | | | | | |  | | | | | | | | | |
| **Pay in/Payout**  *(Please put Tick Mark)* **(✔)** | **Pay in □** | | | | | **Payout □** | | | | | **Pay in □** | | | | | **Payout □** | | | | |

⬜ TICK IF APPLICABLE: Change in Address of the client

**New Residence Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |  | | | | |
|  |  | | | | |
| City |  | State |  | Pin Code |  |

**New Correspondence Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |  | | | | |
|  |  | | | | |
| City |  | State |  | Pin Code |  |

**Signature(s) of**

**the client**    **(1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_