



## REQUEST FORM - ADDITION/MODIFICATION/DELETION

Trading Code.

Date

Name of Account Holder

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

Fields	Existing Details	New Details
<b>Address Details</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/> Both		
<b>Bank Details</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
<b>Email ID</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
<b>Contact No</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
<b>Others</b>		

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am / we are aware that I/we may be held liable for it.

Signature Of Client

Please fill the details in BLOCK letters in English (Strike Off, If not applicable)

**For Office Use only:**

Maker	<input type="text"/>	Checker	<input type="text"/>	Date	<input type="text"/>
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