301 Ashirvad Paras , Sattelite , Prahaldnagar, Ahmedabad- 300 015.
E-mail: risk@veracityfs.co.in
Tel: (079) 9817 1800 Fax: (079) 6817 1801

Account Details Addition / Modification Request Form (Trading & DP A/c)

Date: _____

Dear Sir / Madam,

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

Account Holder's Details

Please fill all the details in BLOCK Letters in English. Please mark (✓) on the appropriate column.

CDSL DP ID - 12079000	BO ID	PAN NO.	
Trading Code:		Branch Tag:	Sub Tag:

1. Bank Details	☐ Update the given bank details as default for payout	☐ Update the given bank details for RTGS
Bank Name		
Branch Address		
Bank A/c No.		A/c Type
MICR No.		IFSC Code

2. Address Details	Existing Details	New Details
Modification Correspondence ☐ Permanent ☐	Address:	Address:
	City: State:	City: State:
	Country: Pin Code:	Country: Pin Code:

3. Contact Details	Existing Details	New Details
Addition / Modification	Tel.: Mob.	Tel.: Mob.
	Email ID:	Email ID:

4. ECN activation for Trading and Demat account: ☐ (Yes, I require ECN for Trading and Demat account)

I / We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, transaction statements, Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statement(S), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement (s)" issued from time to time, at the above mentioned new email id:

KRA : I/We wish to update the above changes in KRA / Demat / Trading Account.

5. DP Details for Trading A/c	☐ Pay - in ☐ Payout	
DP Name:	DP ID:	Client ID:

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature			

Any one Proof Required from the following list (Self attested by client and all relevant holders)**:**

Bank details: Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 3 months with cancelled cheque.
Address details: Copy of Ration card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Telephone bill - Land line (not more than 3 months).
DP details: Latest transaction statement / holding statement / CML copy.

Acknowledgement Receipt

Date: _____

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID:	1	2	0	7	9	0	0	0	Client ID:	Trading Code:

Modification request for (Specify reason)	☐ Bank Modification ☐ Contact Details Modification ☐ Address Modification ☐ DP Addition in Trading Account ☐ ECN Registration (Trading and DP Account)

Depository Participant Seal and Signature