

TIPSONS STOCK BROKERS PVT. LTD.

5th Floor, Sheraton house, Opp. Ketav Petrol Pump, Polytechnic Road, Ambawadi, Ahmedabad-380015, Gujarat.
Tel No.: 079-66828011/8018/8019. Fax: 079-66828001

Account details Addition / Modification Request Form (Trading & DP A/C)

Application No.		Date :							2	0		
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Please Fill all the details in BLOCK LETTERS in English

Trading Code No.: _____

DP ID :								CLIENT ID :							
ACCOUNT HOLDER'S DETAILS															
Name of First/Sole Holder															
Name of Second Holder															
Name of Third Holder															

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

I/We wish to update the below changes in C-KYC KRA Demat Trading A/c

Mother Name: _____

Aadhar No: _____

1 Income Details

Annual Income(Rs.) : <input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 0.5-1Cr <input type="checkbox"/> 1Cr & Above
Net worth as on date _____ : Rs. _____

2 Bank Details: Please Tick Main Additional

Existing Details (Mandatory)	New Details
Bank Name:	Bank Name:
Branch Name & Address:	Branch Name & Address:
City: _____ Pin Code: _____	City: _____ Pin Code: _____
A/c No.:	A/c No.:
A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC
MICR* (Mandatory for DP):	MICR* (Mandatory for DP):
IFSC Code:	IFSC Code:
Note: *9 digit code of the bank & branch appearing on the cheque issued by the Bank. For availing ECS facility, MICR code is mandatory	

3 Mobile & Email:

	Tick Should be Mandatory
Mobile First holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
Mobile Second Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
Mobile Third Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
EmailID First Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
EmailID Second Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
EmailID Third Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

4 Address, Demat Account & Other Details:

Existing Details (Mandatory)	New Details

5 Updating of e-mail for ECN in Broking/Trading Account:

I/We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities/margins, transaction statements, Monthly/Quarterly statement of accounts/holding statement(s)/bills or other reports, Statement(s), related notices, Circulars, arrangement and such other correspondence, documents, records, by whatever name called (hereafter referred to as "statement(s)" issued from time to time on the.

I hereby declare that the aforesaid mobile number and Email belongs to

Declaration:

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief

Client Signature			
Client Name	First Holder	Second Holder	Third Holder

IDENTITY OF THE CLIENT(S) VERIFIED IN PERSON & SIGNED IN MY PRESENCE

Emp./AP Name :	Emp./AP Code:
Signature :	Date: _____ Place: _____