

**B. D. SHAH SECURITIES LTD.**

Depository Participant of Central Depository (I) Ltd.
 102/B, Charmee Enclave, Off Shradhanand Road, Vile Parle-E, Mumbai-400 057.
 Ph. No: 022 26101817/26108942 Fax-26125385



CDSL
YOUR
Depository

Depository Participant ID: 12021700 SEBI REG NO.: IN-DP-148-2015

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.		Date												
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(Please fill all the details in **Block Letters** in English)

DP ID	1	2	0	2	1	7	0	0	Client ID									
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Account Holder's Details	
Name of the First/Sole Holder	
Name of the Second Holder	
Name of the Third Holder	

- I / We request to carry out the change of 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/Modification/Deletions to my /our Demat as well as my Trading Client Code :

Details (Pl. Specify change of address , Bank details, Telephone No. etc)	Addition/Modification / Deletion(Please Specify)	Existing Details	New Details
<input type="checkbox"/> Address (Need CKYC Form) <input type="checkbox"/> Bank Details : <input type="checkbox"/> DP Details : <input type="checkbox"/> Email : <input type="checkbox"/> Mobile Number : <input type="checkbox"/> Income Details as on Date : <input type="checkbox"/> Others :	<input type="checkbox"/> Addition <input type="checkbox"/> Modification <input type="checkbox"/> Deletion -----/-----/-----		

(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) -----
Acknowledgment Receipt

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

Application No.		Date												
DP ID	1	2	0	2	1	7	0	0	Client ID					
Name of the First/Sole Holder														
Name of the Second Holder														
Name of the Third Holder														

For B. D. Shah Securities Ltd.

Authorised Signature