

SAMCO SECURITIES LIMITED
 66, SAMRUDDHI HOUSE, OPP. SOUTH INDIAN GYM KHANA, BHAUDAJI CROSS LANE, MATUNGA (CR), MUMBAI – 400 019
 DEPOSITORY PARTICIPANT – CENTRAL DEPOSITORY SERVICES LTD
 DP ID: 12054200 SEBI REGN NO. IN-DP-CDSL-443-2008
 MEMBER – BSE / NSE / MCX STOCK EXCHANGE LTD

Trading / Demat Account Details Addition / Modification / Deletion Request

Application No.	Date :
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Please fill all the details in Block Letters in English

Client Code	:																		
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DP ID	CLID
1 2 0 5 4 2 0 0	

CLIENT / ACCOUNT HOLDERS DETAILS	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of **address / signature in the Demat/Trading 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 / modifications / deletions to my account in your records.

DETAILS (Please tick the applicable field)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details
<p>Change in Bank Account Details</p> <p style="text-align: center;">Or</p> <p>Change in Demat Account Details</p> <p style="text-align: center;">Or</p> <p>Change in Address</p> <p style="text-align: center;">Or</p> <p>Change in Contact Number</p> <p style="text-align: center;">Or</p> <p>Change in EMAIL ID</p> <p style="text-align: center;">Or</p> <p>Change in Other Details</p> <p>_____</p>			

(Note: - Please provide the necessary documents for modification / addition)
 Attach an Annexure (with signature (s) if the space above is found insufficient)

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 writing.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Authorised Signatory

Seal of the Depository Participant

Acknowledgement Receipt

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

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant Seal and Signature

