



101-102 J P COMPLEX, NEAR AMBAWADI
CIRCLE, AMBAWADI AHMEDABAD 380015
PH NO. 079 26464676/26563221
MAIL ID mnmcare@mnmmshares.com

☐ DEMAT / ☐ TRADING ☐ KRA ☐ CKYC

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.	Date :
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Please fill all details in BLOCK LETTERS in ENGLISH

DP : 12081300	CLIENT ID:	TRADING CODE:
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I/We request you to make the following additions / modifications / deletions to my/our account in your records.

ADDITION ☐	MODIFICATION ☐	DELETION ☐	BANK PRIMARY (Default) ☐
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Address: ☐ Correspondence ☐ Permanent

Addition/ Modification	Existing Details	New Details
ADDRESS		
BANK DETAILS		
MOBILE NO.		
EMAIL ID.		
SIGNATURE		
DP ID.CLIENT ID		
BROKERAGE SLAB		
INCOME SLAB		
OTHER		

CONSENT LETTER TO UPDATE MOBILE NUMBER AND EMAIL ID IN DEMAT AND TRADING ACCOUNT

MOBILE NO	MY Self ☐	Spouse ☐	Son/daughter ☐	Father /mother ☐	Director/ HUF ☐	Not available ☐
EMAIL ID	MY Self ☐	Spouse ☐	Son/daughter ☐	Father /mother ☐	Director/ HUF ☐	Not available ☐
NAME OF PERSON (MOBILE NO)						
NAME OF PERSON (EMAIL ID)						

	First/Sole Holder	SECOND HOLDER	THIRD HOLDER
NAME			
SIGNATURE			

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch

having the following Bank Account:

Account number	
A/C type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ NRNR ☐ Others (Pl. specify)	
9-Digit MICR No.	11-Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	