

**ACCOUNT MODIFICATION REQUEST – DEMAT & TRADING ACCOUNT**

Date: \_\_\_\_\_

<b>Client BO Id</b>		<b>Client Code</b>	
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I/We request you to make the following additions / modifications to my/our account in your records.

**1. ADDRESS, TELEPHONE, MOBILE & EMAIL** (Please enclose self attested copy of valid Identity and Address proof for change of address)

New Address & Contact Details (PIN code is mandatory)			
Address			
Mobile		Email	

**2. BANK DETAILS** (Please enclose 1. Cancelled Original Cheque Leaf with Name & Account Number Printed or 2. Self Attested Copy of Bank Passbook / Statement along with Cheque Leaf as Bank Proof)

Addition / Modification (Please specify)	To be treated as DEFAULT / OPTIONAL (Please specify)	To be updated in DEMAT ACCOUNT (Please specify)	Account Type (Please specify)
9 Digit MICR Code		IFSC Code	
Bank Account No			
Bank Name & Address			

**3. DEMAT ACCOUNT DETAILS** (Not applicable for Demat Account. Please enclose proof, self attested)

Addition / Modification / Deletion (Please specify)	To be treated as DEFAULT / OPTIONAL (Please specify)	CDSL / NSDL (Please specify)	DP Id	Client Id
<b>DP Name</b>				

4. Politically Exposed Person - (PEP) Please tick, as applicable:

Sole / First Holder	Second Holder	Third Holder
<input type="checkbox"/> Not PEP	<input type="checkbox"/> Not PEP	<input type="checkbox"/> Not PEP
<input type="checkbox"/> PEP	<input type="checkbox"/> PEP	<input type="checkbox"/> PEP
<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP
<input type="checkbox"/> Not Related to PEP	<input type="checkbox"/> Not Related to PEP	<input type="checkbox"/> Not Related to PEP

5. Income Range:

Sole / First Holder	Second Holder	Third Holder
<input type="checkbox"/> 1 to 5 Lakhs	<input type="checkbox"/> 1 to 5 Lakhs	<input type="checkbox"/> 1 to 5 Lakhs
<input type="checkbox"/> 5 to 10 Lakhs	<input type="checkbox"/> 5 to 10 Lakhs	<input type="checkbox"/> 5 to 10 Lakhs
<input type="checkbox"/> 10 to 25 Lakhs	<input type="checkbox"/> 10 to 25 Lakhs	<input type="checkbox"/> 10 to 25 Lakhs
<input type="checkbox"/> 25 to 50 Lakhs	<input type="checkbox"/> 25 to 50 Lakhs	<input type="checkbox"/> 25 to 50 Lakhs
<input type="checkbox"/> Above 50 Lakhs	<input type="checkbox"/> Above 50 Lakhs	<input type="checkbox"/> Above 50 Lakhs

**6. FATCA / CRS Declaration / Self Certification for Individual**

	Sole / First Holder	Second Holder	Third Holder
Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Residence for Tax Purpose	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
Country of Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other	<input type="checkbox"/> India <input type="checkbox"/> Other
US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you are a US person and/or if your tax residency/nationality/citizenship is other than India, then please download and attach FATCA/CRS with this form from [www.acumengroup.in](http://www.acumengroup.in)

7. **Mode of Operation** of Demat Account (Please tick)  Jointly  Severally

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature	⊗	⊗	⊗

**CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC APPLICATION FORM | INDIVIDUAL)**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.




**For office use only**

Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> - <input type="text"/> - <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**



Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*** (Please see instruction **E** at the end)

 Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																
Line 2																
Line 3													City / Town / Village*			
District*					Pin / Post Code*				State / U.T Code*			ISO 3166 Country Code*				

 **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

 Same as Current / Permanent / Overseas Address details
  Same as Correspondence / Local Address details

Line 1*																
Line 2																
Line 3													City / Town / Village*			
State*					ZIP / Post Code*				ISO 3166 Country Code*							

 **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off)					Tel. (Res)					Mobile							
FAX					Email ID												

 **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

 Addition of Related Person
  Deletion of Related Person
 KYC Number of Related Person (if available\*)
 

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative		
Name*	Prefix	First Name	Middle Name	Last Name			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **H** at the end)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>				
<input type="checkbox"/> C- PAN Card	<input type="text"/>				
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>				
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>				
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>		
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>		

 **7. REMARKS (If any)**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**8. APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

 2 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

 Documents Received  Certified Copies

 Intermediary Name: **Acumen Capital Market (India) Ltd**

 IPV Done  on --
**Document Verified With Originals**
**Client Interviewed by**
**KYC and In Person Verification (IPV) Carried Out By**

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature:

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature:

Emp. Name:
Emp. Code:
Emp. Designation:
Emp. Signature: