

Account Details Addition / Modification / Deletion Request Form

<p>KEDIA CAPITAL SERVICES PVT LTD Corporate Office: Office no 1, Tulip Flower Valley, Khadakpada, Kalyan West-421301 Tel: 8069159999 Registered Office: Office no 1, Tulip Flower Valley, Khadakpada, Kalyan West-421301 Tel: 8069159999 Investor grievance e-mail: grievance@kediacapital.com</p>

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID												Client ID							
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Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of correspondence/permanent 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 / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of correspondence / permanent address, bank details, telephone number, sub-status etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

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)** =====
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

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 off 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

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* - -

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not Categorized

PHOTO

4) 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*

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)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date - -

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

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* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(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)

A- Passport Number Passport Expiry Date ---

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date ---

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

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 :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	<input type="text"/>
[Employee Signature]	[Institution Stamp]

(ORIGINALS VERIFIED) SELF CERTIFIED DOCUMENT COPIES RECEIVED & INPERSON VERIFICATION (IPV) DONE ON _____

Seal/Stamp of the intermediary	
Sub-broker / intermediary Name	
Designation	
Signature	
Date	D D M M Y Y Y Y

Confirmation Of Signature Of Shareholder By The Banker With Their Official Rubber Stamp Giving The Full Address Of The Bank And The Employee Code Number Of The Official Signing This Form.

1. Bank Name : _____
2. Bank Address : _____

Bank Phone No. : _____
3. Bank Account No : _____
4. Account Opening Date: _____

5. Account Holder[s] : _____
Name
1) _____
2) _____
3) _____

6. Latest Photograph of the account holder[s]:

1 st Holder	2 nd Holder	3 rd Holder
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7. **Account Holder [s] details as per Bank Records:**

a. Address : _____

b. Phone No. : _____
c. Email ID. : _____
d. Signature [s]:

1) <input style="width: 100%; height: 40px;" type="text"/>	2) <input style="width: 100%; height: 40px;" type="text"/>	3) <input style="width: 100%; height: 40px;" type="text"/>
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Signature Verified as recorded with the Bank

Rubber Stamp of the Bank

Place: (Sign) _____
Name of Bank Manager: _____
Date: EMP Code: _____
Email Id: _____