



CD EQUISEARCH PRIVATE LIMITED

37, SHAKESPEARE SARANI 3RD FLR, KOLKATA - 700 017.
Contact No. 022-49224000/35 & 022-49660801/02 : Email ID: v-care@cdequi.com

Account Details Addition / Modification / Reactivation Request Form (Trading & DP A/c)

Dear Sir / Madam,

I / We request you to make the following additions / modifications to my trading and Demat account in your records.

Account Holder's Details: Request Category: DP/CDSL ☐ Broking ☐ KRA ☐ Date:-.....

CDSL DP ID – 12027700	BO ID									Trading Code/(Ucc):	
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Client Name: Aadhaar No: xxxx xxxx

Annual Income - Individual	☐ Upto 1 Lakh	☐ 1-5 Lakh	☐ 5-10 Lakh	☐ 10-25 Lakh	☐ More than 25 Lakhs	Net worth as on Date Rs.....
Annual Income - Non-Indiv	☐ Upto 1 Lakh	☐ 1-5 Lakh	☐ 5-10 Lakh	☐ 10-25 Lakh	☐ 25 Lakh – Rs.1 Crore	☐ More than Rs. 1 Crore

1. Address Details	Existing Details	New Details
☐ Modification ☐ Correspondence ☐ Permanent	Address:	
	City:	State:
	Country:	Pin Code:

2. Bank & Dividend Details	Existing Details	New Details: (Primary / Secondary)
☐ Bank Modification ☐ Bank Addition ☐ Bank Add for Broking & Bank Modi for DP	Bank Name :	Bank Name :
	Bank A/c No.:	Bank A/c No.:
	IFSC Code :	IFSC Code :
	MICR Code:	MICR Code:

3. Contact Details	Existing Details	New Details
☐ Modification ☐ Addition	Tel.: Mob.	Tel.: Mob.
	Email ID:	Email ID:
☐ Second Holder ☐ Third Holder	Email Id / Mob No.	Email Id / Mob No.

4. Account Re-Activation: NSE-CM ☐ BSE-CM ☐ NSE-FO ☐	* Occupation: <u>Please specify</u>
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5. Name Change	Existing Details	New Details
☐ Modification		

6. Signature Change	Existing Sign:	New Sign:
☐ Modification		

Reason for Change in Name/Signature:

I/We wish to update the above changes in Dp / Trading Account.

7. DP Details for Trading A/c	☐ Primary ☐ Secondary (Apply only for broking)
DP Name:	DP ID: Client ID:

8. Others (Pls Specify)	Existing	New Details

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature:			

Any one Proof Required from the following list (Self attested by client and all joint holders, if any):

Bank details: Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 6 months with cancelled cheque.

Address details: Copy of Ration card, Aadhaar card, Passport, Voter ID card, Driving license, Bank passbook/statement, Electricity bill / Land line Telephone bill (not more than 3 months old).

DP details: Client Master (CML) copy.

Important Instructions:

1. Mobile No and Email ID should be unique to client and should not be used in more than one client unless it falls under definition of family
2. Family for the purpose has been defined as self, spouse, dependent parents and dependent children.
3. Mobile No and email ID should be valid and working in and should be in proper format
4. As per the circular PAN shall be treated as in valid if not seeded with AADHAR before the date specified by the Government. Hence it is your duty and responsibility to seed your PAN with AADHAR at the earliest to avoid any kind of disablement of trading in future.
5. Please mail the form duly signed and stamped to v-care@cdequi.com to avoid deactivation.
6. Incomplete form should be treated as invalid.
7. If Name change: New Pan Card/Aaadhar Proof & Marriage Certificate Copy/Publication of name change in official gazette provided along with this request letter.

Documents to be enclosed

1. Self Attested copy of PAN
2. Self Attested copy of Aadhaar
3. Latest Bank Statement of six month
4. Latest ITR acknowledgement copy
5. Corporate and Firms – Latest Audited Balance Sheet
6. Account holder's Aadhaar should be linked in pan card.
7. Nomination Annexure A-B is mandatory for account Activation as per the SEBI
8. CVL KRA form along with one photograph (For address/Name/KRA details validation/update).

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ACKNOWLEDGMENT RECEIPT

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID:	1	2	0	2	7	7	0	0	Client ID:								Trading Code:
Modification request for (Specify reason)	☐ Annual Income ☐ Bank ☐ Address ☐ Contact Details ☐ Name ☐ Signature ☐ DP Addition ☐ Others_____																

Depository Participant Seal and Signature