



SHREE BAHUBALI STOCK BROKING LIMITED
 12, India Exchange Place, Jute House, 3rd Floor, Kolkata-700 001
NSDL DP ID : IN300773 | CDSL DP ID : 12072000

Change of Account Details (Address / Contact Number / E-mail ID)

(Please fill all details in BLOCK LETTERS in English)

Application No. _____

CHANGE FOR Only Trading A/c Only Demat A/c Both (Please Tick (✓) whichever is applicable)

UCC ID : _____ (For Trading /AC)

Date : / /

CDSL CLIENT ID : _____ NSDL CLIENT ID : _____ (For Demat A/C)

Account Holder's Details :

		PAN									
Name of First/Sole Holder											
Name of Second Holder											
Name of Third Holder											

Please Tick (✓) whichever is applicable : I/We request you to carry out the Change of Address in the demat account.

I/We request you to carry out the Change of Address in the KRA & demat account.

I/We request you to make the following changes to my/our account in your records.

(Please Tick (✓) the details to be change :

<input type="checkbox"/> * Change of Address (Refer Note 1)	<input type="checkbox"/> Correspondence Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Both Address
<input type="checkbox"/> * Change of Mobile No./Landline No. (Refer Note 4)	<input type="checkbox"/> Change of E-mail ID		

Note 1 : a. Identity Proof is compulsory with a request to Change Address.

b. Photo copy of any of the following documents needs to be submitted : Passport, Driving Licence, Bank Passbook, or Statement (Not more than three months old) alongwith cancelled cheque, Ration Card, Voters ID, Electricity Bill / Telephone Bill (Not more than three months old) Leave and License Agreement / Agreement for sale, Flat Maintenance Bill, AADHAAR card. (Computer generated/printout of Bank Statement on plain paper should be attested (signed and stamped) by the authorized official of the Bank mentioning the name and designation of such official.)

c. Copies of all documents submitted alongwith application should be self-attested by client.

Note 2 : We require the original request letter with hard copy of any of the above mentioned proof documents.

Note 3 : If a client has signed authorisation letter for receiving passwords via SMS then on submission of application for change of mobile number, client will receive all SMS for trade confirmation/passwords and any communication sent by SBIL on the new number.

Note 4 : Following proofs are mandatory for the change/Add of Mobile no./Landline no. which should be self-attested :

*Mobile bill for last two months OR Identity Proof i.e. PAN card, Voters ID. (In case where bill cannot be provided.)

*If the mobile no. doesn't belong to the client then it should belong to any family member whose address on the mobile bill is same as the address of the client mentioned in the identity proof., Prepaid connections in such cases will not be entertained.

*Incase of newly activated member letter from the Mobile Service provider registered can be accepted as a proof.

Existing Details :	New Details :
Old Address	New Address
City :	City :
State :	State :
Pin Code :	Pin Code :
Old E-mail ID :	New E-mail ID :
Old Mobile/Landline No. :	New Mobile/Landline No. :

I/We do hereby solemnly declare that the details herein above submitted by me/us is/are true to my/our own knowledge."

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

● For DP use only ●

Instruction ID : _____ Release Date : _____

Maker Name : _____ Checker Name : _____

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

NEW **CHANGE REQUEST** (Please Tick (✓) the appropriate)

Acknowledgement No.

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please Tick (✓) the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

<p>A. IDENTITY DETAILS</p> <p><input type="checkbox"/> 1. Name of the Applicant</p> <p><input type="checkbox"/> 2. Father's / Spouse Name</p> <p><input type="checkbox"/> 3a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 3b. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married 3c) Date of Birth/...../.....</p> <p><input type="checkbox"/> 4a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify.....)</p> <p><input type="checkbox"/> 4b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National</p> <p><input type="checkbox"/> 5a. PAN</p> <p><input type="checkbox"/> 5b. Unique Identification No. (UID) / Aadhaar, if any</p> <p><input type="checkbox"/> 6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Other (Please specify).....</p>	<p style="text-align: center;">PHOTOGRAPH</p> <p style="text-align: center;">Please affix your recent passport size photograph and sign across it</p>
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<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>B. ADDRESS DETAILS</p> <p>1. Residence / Correspondence Address</p> <p>.....</p> <p>City / Town / Village Pin Code</p> <p>State Country</p> <p>2. Specify the proof of Address submitted for Residence / Correspondence Address</p> <p>3. Contact Details : Tel (Off.) Fax</p> <p>Tel (Res.)..... Mobile No.</p> <p>E-mail ID</p> <p>4. Permanent Address (If different from above or overseas address, mandatory for Non- Resident Applicant)</p> <p>.....</p> <p>.....</p> <p>City / Town / Village Pin Code</p> <p>State Country</p>
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<p>C. DECLARATION</p> <p>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.</p> <p style="text-align: right;">Date/...../.....</p> <p style="text-align: right;">Signature of Applicant</p>

<p>FOR OFFICE USE ONLY</p>
<p>In Person Verification (IPV) Details :</p> <p>Name of the Person who has done the IPV :</p> <p>Designation : Employee ID :</p> <p>Name of the Organization :</p> <p>Date of IPV/...../.....</p> <p style="text-align: right;">Signature of the Person who has done the IPV</p> <p style="text-align: center;">Seal / Stamp of the Intermediary</p>

Original Verified and Self Attested document copies received

Date Signature of the Authorised Signatory