

ACCOUNT DETAILS ADDITION / MODIFICATION /DELETION REQUEST FORM

**MILLENNIUM STOCK BROKING PVT LTD**

Registered Address: 910 & 911, 9th Floor, DSCCSL (53E), Road 5E, Block - 53, Zone - 5, DTA, Gandhinagar, Gujarat, India - 382355
 Correspondence Address: Martin Burn House. Room 317, 3rd Floor, 1 R N Mukherjee Road, Kolkata, West Bengal-700001
 Phone: 033 4023 4343, FAX: 033 40234311, Website: www.msbpl.in, Email: info@msbpl.in
 CIN No. U67110GJ2000PTC121951

I/We request you to carry out following updation in the trading account

Date

Client ID *

I/We do hereby inform you of my/our new details as under: (Please click on the check box against the column for which the details are required to be changed / added.)

Address			Proof Attached: Voter ID Card Aadhar Card Bank Passbook / Bank Statement Telephone Bill Electricity Bill Passport Driving License Others
Pin Code		Tick any one: Permanent Correspondence	

Phone No.		Mobile		SMS Facility	Yes No
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Email id		Aadhar Card		DOB	
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Bank Details Type	Saving Current Others	Primary Additional (Please tick any one)
Account No.	Bank Name	
Branch Add.		
MICR Code	IFSC Code	

Copy Attached: Bank Statement Pass Book Signed Cancelled Cheque (with name preprinted) Others

DP Details Depository	NSDL CDSL	Primary Additional (Please tick any one)
DP Name		
DP Address		
DP Id	Client/BO id	

Copy Attached: Client Master duly stamped and signed by DP Others

ANNUAL INCOME DETAILS (Please Specify)	Income Range per annum	Below 1Lac 1-5 Lac 5-10 Lac 10-25 Lac 25 Lac-1 Crore
	More than 1 Crore	
	Networth Amount	as on (Networth should not be older than 1 year)
Occupation (please tick any one and give brief details)	Private Sector Public Sector Government Service Business Student Agriculturist Retired	
	Housewife Professional Other(Please specify)	Brief details

I/We request you that in future all my/our Contract Notes, Statement of Accounts and any other communication be sent to the above address and e-mail address.

I/We request you to incorporate the change of address and other details etc. in your records at the earliest.

Client Signature(s) (1)_____ (2)_____

Client Name (1)_____ (2)_____

All documents should be self attested by client.**Fields marked with * are mandatory.****FOR OFFICE USE ONLY**

Checked by

Entered by

Verified by