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 - 382050
Correspondence Address: Martin Burn House. Room 317, 3rd Floor, 1 R N Mukherjee Road, Kolkata, West Bengal-700001
Phone: 033 3520 0600, 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	DD-MM-YYYY	**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
❑	Email id		Aadhar Card		DOB	DD-MM-YYYY

❑	Bank Details Type ❑ Saving ❑ Current ❑ Others				
	Account No.		Bank Name		❑ Primary ❑ Additional (Please tick ■ any one)
	Branch Add.				
	MICR Code		IFSC Code		

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

❑	DP Details Depository ❑ NSDL ❑ CDSL				
	DP Name				❑ Primary ❑ Additional (Please tick ■ any one)
	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 DD-MM-YYYY (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	