

**ASNANI STOCK BROKER PRIVATE LIMITED**

Registered Office : 103,Sindhi Colony,Pratap Nagar Chittorgarh Rajasthan– 312001
 Tel: 01472-246343,244973 Email : dp@asnanionline.com /info@asnanionline.com
 SEBI Registration No : BSE,MCX,NCDEX : INZ000190431; CDSL: IN-DP--122-2015
 CIN NO. - U67120RJ2009PTC029006

Account Details Addition / Modification / Deletion Request Form**Trading & Demat**

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

DP ID	1	2	0	8	2	0	0	0	Client ID									
TRADING/UCC CODE																		

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 **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 (Kindly select required option)	Addition / Modification / Deletion (Please)	Existing Details	New Details
<input type="checkbox"/> Bank Details <input type="checkbox"/> Nomination <input type="checkbox"/> Signature <input type="checkbox"/> Demat Account <input type="checkbox"/> Email <input type="checkbox"/> Phone No. <input type="checkbox"/> Mobile No. <input type="checkbox"/> Address <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/> Others(Please Specify)	<input type="checkbox"/> Addition <input type="checkbox"/> Modification <input type="checkbox"/> Deletion		

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

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

PLEASE ATTACH RELEVANT SUPPORTING PROOFS/DOCUMENTS FOR MAKING THE CHANGES.

======(Please Tear Here)=====

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date												
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