



# A. K. STOCKMART PRIVATE LIMITED

601-602, 6th Floor, Windsor, Off CST Road, Kalina, Santacruz (East), Mumbai – 400 098 (India)  
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CIN: U67120MH2006PTC158932



SEBI Regn No. - INZ000240830

CDSL DP ID No. 12055600 SEBI Reg. No. IN-DP-481-2020  
NSDL DP ID No. IN304096 SEBI Reg. No. IN-DP-481-2020

Application No. : \_\_\_\_\_ **Account Details Addition / Modification / deletion request Form** Date : \_\_\_\_\_

### Account Holder's Details

NSDL DP ID	I	N	3	0	4	0	9	6	CLIENT ID									
CDSL DP ID	1	2	0	5	5	6	0	0	CLIENT ID									
Name of the First / Sole holder																		
Name of the Second holder																		
Name of the Third holder																		
Name of Trading Account Holder																		
Trading Code			Branch :													Sub - Broker		

Dear Sir / Madam,

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**

Address Details	Existing Details	New Details
Modification <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent	Address:	
	City: State:	
	Country: Pin Code:	
	Aadhar No.	

Contact Details	Existing Details	New Details
<input type="checkbox"/> Addition	Tel/Mob. _____	Tel/Mob. _____
<input type="checkbox"/> Modification	Email ID: _____	Email ID: _____

Bank Details	Existing Details	New Details
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/>	Bank Name & Branch :	
	A/c No. :	
	A/c type :	
	MICR(Mandatory for DP) _____	

DP Details for trading A/c	<input type="checkbox"/> Pay - in <input type="checkbox"/> Payout	<input type="checkbox"/> Pay - in <input type="checkbox"/> Payout
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/>	DP Name :	
	DP ID :	
	Client ID :	

	First / Sole Holder	Second holder	Third Holder
Name			
Signature * (as per DP)			

Name of Client : \_\_\_\_\_  
(As per Trading Account)

**1st Holder**  
Signature of Client  
(As per Trading Account)

Any one Proof required from the following list for fields to be modified

**Bank Details** :- Copy of Cheque with the name printed , copy of bank passbook, copy of bank statement of attested by bank authorities not older than 2 months with cancelled cheque

**Address Details** :- Copy of Ration card, passport ,Voter Id Card, Driving License, Bank passbook, electricity bill (not more than 2 months old) Telephone bill - Landline (not more than 2 months old).

### FOR OFFICE USE ONLY

Application No. : \_\_\_\_\_ Date : \_\_\_\_\_

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

NSDL DP ID	I	N	3	0	4	0	9	6	CLIENT ID									
CDSL DP ID	1	2	0	5	5	6	0	0	CLIENT ID									
Name of the First / Sole holder																		
Name of the Second holder																		
Name of the Third holder																		

**X**

Depository Participant Seal and Signature