



CLIENT ACCOUNT MODIFICATION FORM

<Repository Participant Name / Address /RP ID>

Request No. *		Request Date*	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters in English**)

RP ID*		Depositor/Client ID*	
Depositor/Client Name			

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

DETAILS To MODIFY (Please specify Registered Address, Email ID, Mobile No. Telephone No. Bank details, etc. *	Existing Details*	New Details*

Document/s Submitted (Specify here) * _____

Authorised Signatory

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature*			

(Signature should be preferably in blue ink).

(In case of more authorised signatories, please add annexure)

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

Acknowledgement Receipt

Received Client Account Modification request form:

Request No.		Date	D	D	M	M	Y	Y	Y	Y
RP ID		Depositor/Client ID								
Client Name										

Repository Participant Seal and Signature