

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 *	
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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 _____
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