

MAASHITLA SECURITIES PVT. LTD.

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DP ID - IN 303997



Maashitla
Creating Successful People

REQUEST FOR UPDATION OF DEMAT / TRADING ACCOUNT PARTICULARS

Date : _____

I/We _____ and _____

and _____ the holders of beneficiary account bearing ID's

Client ID : _____ (For Depository A/c)

Client Code : _____ (For Trading A/c)

For Change of Address :

Please attach Self attested proof of identity and Proof of new address in the form of copy of any of the documents listed on reverse.

Present Address	New Address

For Change of Bank Detail :

*Please furnish copy of cancelled cheque of bank account.

1	Bank Account Type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____
2	Bank Account Number			
3	Bank Name			
4	Branch Address	City/Town/Village		
		State		
		Pin Code		
5	MICR Code	Country		
6	IFSC			

The said SMS Alert facility may kindly be given on Mobile No. _____

I hereby declare that the aforesaid Mobile no. belongs to :

Me or My family { Spouse Dependent Children Dependent Parents }

My E-mail Id is _____

I hereby declare that the aforesaid E-mail Id belongs to :

Me or My family { Spouse Dependent Children Dependent Parents }

My/Our UID is _____

(*Please furnish copy of self-attested Aadhar Card of all the Holders).

Mode of receiving Statement of Account (Tick any one)		<input type="checkbox"/> Physical Form
Refer Notes of receiving Statement of Account in Electronic Form		<input type="checkbox"/> Electronic Form
Gross Annual Income Details (Income Range per Annum)	<input type="checkbox"/> Up to Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000
	<input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000	<input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000
	<input type="checkbox"/> Rs. 25,00,000 to Rs. 1 Crore	<input type="checkbox"/> More than Rs. 1 Crore
	Net worth as on (Date)	Rs. _____
(Net Worth should not be older than 1 year)		
Occupation	<input type="checkbox"/> Private / Public Sector	<input type="checkbox"/> Government Service
	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
	<input type="checkbox"/> Retiered	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Others (Specify).....

(Sign. 1st Holder)

(Sign. 2nd Holder)

(Sign. 3rd Holder)

Notes : For receiving Statement of Account in Electronic Form :

1. The Client(s) is/are aware that is will not receive the transaction statements in paper form.
2. Client must ensure the confidentiality of the password of the email account.
3. Client must promptly inform the Participant if the email address has changed.
4. Client may opt to terminate this facility by giving 10 days prior notice.
5. Attach proof for required updation. Without proof request will not be processed.
6. Supporting proof to be self attested by the client.
7. Updation to be processed on receipt of Form at Registered Office.