

To, Estelle Securities Pvt. Ltd. | DP ID: 93900 | 59, Bentinck Street | 1st Floor | Kolkata - 700069

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

☐ 1. Change of Address ☐ 2. Change of Bank ☐ 3. Updation of Aadhaar ☐ 4. Change/Updation of Contact Details ☐ 5. Updation of Income Details ☐ 6. Updation of Family Flag ☐ 7. Change of Demat Account (Only for Trading A/C) ☐ 8. Other Details Changes

DP ID: 12093900 | Client ID: | | | | | | | | Trading UCC: Date:

1. CHANGE OF ADDRESS (Address proof & CKCY form to be submitted)

Below mentioned address will be updated in Demat/Trading/KRA/CKYC records.

Address Details	Existing Details	New Details	
<input type="checkbox"/> Correspondence Address	Address:	Address:	
	City:	Pin code:	
<input type="checkbox"/> Permanent Address	Address:	Address:	
	City:	Pin code:	

2. CHANGE OF BANK (Cancel cheque or Bank Statement to be submitted)

Bank Details	Existing Details	New Details
<u>TRADING A/C:</u>	Bank Name:	Bank Name:
<input type="checkbox"/> Add new as a Primary Bank	Bank Address:	Bank Address:
<input type="checkbox"/> Add New as a Secondary Bank		
<input type="checkbox"/> Modify the Bank Details	A/C. No.:	A/C. No.:
	A/C. Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> O/D	A/C. Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> O/D
<u>DEMAT A/C:</u>	MICR No:	MICR No:
<input type="checkbox"/> Modify the Existing Bank Details	<u>Note:</u> *9 digit codes of the bank & branch appearing on the cheque issued by the bank for availing ECS facility, MICR code is mandatory.	
	IFSC Code:	IFSC Code:

3. UPDATION OF AADHAAR NO.:

Aadhaar No.			
Holder(s) Name	1 st Holder	2 nd Holder	3 rd Holder

4. CHANGE/UPDATION OF CONTACT DETAILS:

Contact Details	Existing Details	New Details
<u>TRADING:</u>	Tel No:	Tel No:
<input type="checkbox"/> Change of Contact Details	Mobile No:	Mobile No:
<input type="checkbox"/> Addition of Contact Details	Email ID:	Email ID:
<u>DEMAT:</u>		
<input type="checkbox"/> Modify of Contact Details		

5. UPDATION OF INCOME DETAILS (Income proof should be attached)

Annual Income	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5 -10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> 25 - 50 Lacs <input type="checkbox"/> 50 Lacs - 1 Crore <input type="checkbox"/> Above 1 Crore	Net Worth _____ As on date: _____ (Net worth should not be older than 1 year)
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6. FAMILY FLAG UPDATION:

1st Holder:

☐ Mobile No. _____ and ☐ Email ID _____

2nd Holder:

☐ Mobile No. _____ and ☐ Email ID _____

3rd Holder:

☐ Mobile No. _____ and ☐ Email ID _____

☐ Option to received e-Statement flag enable.

I/we regularly receive contract note & other details of my/our transactions at aforesaid e-mail id / mobile no. And are fully aware about all my/our transactions. I/we hereby request you to please send the contract note and other details of transactions relating to my/our above mentioned account with you at aforesaid e-mail id/Mobile no.

	First/Sole Holder		(In case of Joint Demat Account)			
			Second Holder		Third Holder	
Tick any one for each holder	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member#	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member#	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member#
Holder(s) Name						

- Spouse, Dependent Children and Dependent Parents

(i) Client must ensure the confidentiality of password of the email account. (ii) Client must promptly inform the participant it the email address has changed. (iii) Client may opt to terminate this facility by giving 10 days prior notice. Similarly participant may terminate this facility by giving 10 days prior notice.

7. CHANGE OF DEMAT ACCOUNT (applicable only for trading a/c)(CML Copy should be attached)

<input type="checkbox"/> Primary	DP Name																
	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Secondary	DP Name																
	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. OTHER DETAILS UPDATE/MODIFY (Please Specify)

Particulars	Details to be Update/Modify

SIGNATURE(s)		
First/Sole Holder	Second Holder	Third Holder

FOR OFFICE USE:-

Signature Verified	
Maker	
Checker	

DP STAMP