

APPLICATION FOR ADDITION / MODIFICATION IN KYC FORM

To

DATE :

ALICE BLUE
224/5 , SRINIVASA NAGAR LAYOUT
VELACHERY , CHENNAI – 600042

SUBJECT: MODIFICATION IN CLIENT DETAILS

CLIENT NAME		CLIENT CODE NO	
CLIENT ADDRESS <input type="checkbox"/>	BANK DETAILS <input type="checkbox"/>	DEMAT DETAILS <input type="checkbox"/>	TELEPHONE/MOBILE <input type="checkbox"/> E-MAIL <input type="checkbox"/>

I/We request you to kindly change the mentioned client details in your records and my/our client registration form as per the given instruction and give effect to it. The relevant attested documentary proofs are attached with this letter.

1.CLIENT ADDRESS :

	OLD ADDRESS	NEW ADDRESS
Flat/Door/Block No		
Road/Street/Post Office		
Area/Locality		
Town/City/District		
State &Pin code		

Please attach any one of 1. Ration Card 2. Pass Port 3. Voter ID 4. Driving License 5. Bank Passbook .6.(a) Electricity Bills (b) Residence Telephone Bills (Not more than two months old). 7. Lease/Rent agreement.

2. BANK DETAILS. Tick { Only addition/ Replace the Existing} (If Addition Primary / Secondary)

	OLD DETAILS	NEW DETAILS
BANK NAME		
BANK BRANCH ADDRESS		
BANK ACCOUNT NO		
BANK ACCOUNT TYPE		
MICR CODE		
IFSC CODE		

Please attach the copy of Bank Passbook /Statement of Accounts not more than 2 months old / Personalized cheque Leaf

3. DEMAT DETAILS Tick {__ Only addition/ __ Replace the Existing}

	OLD DETAILS	NEW DETAILS
Client ID		
DP ID		
DP Name		

Please attach the certified copy of Client Master of New Demat Account.

4. TELEPHONE/MOBILE:

Old Phone No		New Phone No	
Old Mobile No		New Mobile No	

5. EMAIL ADDRESS:

Old E-mail		New E-mail	
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All the changes as requested above by me / us will be binding on me/us.

Client's Signature

Verified & Received by

Note: KYC modification request will be rejected if Incomplete/Incorrect Information provided in the form.