

Common Request / Modification / Updation Form

I/We wish to change the details in (Please Tick ☒) Demat A/C ☐ Trading A/C ☐

A. MODIFICATION REQUEST FORM (Please fill the relevant column to be changed)					
Demat Account No.		Unique Trading Account No.			
New Address					
Primary Number/Alternate Mob No.					
First Holder Mob No.		Second Holder Mob No.		Third Holder Mob No.	
First Holder Email Id					
Second Holder Email Id					
Third Holder Email Id					
Bank Account Type		SA	CA	OD	Account Number
Bank Name					
Bank Address		RTGS/NEFT/IFSC Code			
B.Primary Demat Account Details					
DP Id (1)		Client Id (1)			
DP Id (2nd)		Client Id (2nd)			
C. Income Details (Gross) Individual		Below 1 Lac 1- 5 Lacs 5 – 10 Lacs 10 – 25 Lacs > 25 Lacs			
Income Details (Gross) Non-Individual		Below 20 Lac 20-50 lacs 50-100 lacs more than 1crore.			
Request for Additional					
Statement of Holding Transaction Bill / Ledger Holding with Valuation					
D. Politically Exposed Person(PEP) Declaration					
I am PEP I am Related to PEP Not Applicable					
* PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government / Judicial / Military Officers / senior executives of state owned corporations, important political party officials etc					
E. Declarations					
<ul style="list-style-type: none"> I /We hereby authorise you to send any communication/bills/holding/transaction statement on the above mentioned Email. I hereby declare that the aforesaid mobile number or E-mail ID belongs <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents). I / We have been explained with the criteria, services and charges that shall be provided / charged under BSDA. I / We wish to confirm that I / We do / don't wish to opt for it. (Please Tick). Given information pertains to me / us & I/We authorised ZFL/ZCTL or their subsidiaries to use this information as deemed fit and this shall overrule my/our registration with TRAI/any other regulator. I/We further agree that these services may be chargeable. I/We hereby authorise you to debit my/our account with the applicable charges. I/We hereby authorised you to handover the documents to the bearer of this letter (Applicable for Part C Only) 					
Bearer Signature					
First Holder Name		Signature			
Second Holder Name		Signature			
Third Holder Name		Signature			
Checklist for reference					
Address Change		Financial		DP Details	
1. KYC & CKYC Form & PAN 2. Address proof for eg. 3. Passport 4. Bank Statement (Latest 3 months 5. Utility Bills (Not old more than 3 months) 7. Driving License 8. Voter Id Card		Copy of cheque / cancelled cheque (Preprinted name). In case of non-availability, latest updated statement to be submitted.		Client Master Report (Attested by the corresponding DP)	
		For receiving statement of account in electronic form: I. Client must insure the confidentiality of the password of the Email account. II. Client must promptly inform the participant if the Email address has been changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, participant may also terminate this facility by giving 10 days prior notice			

All supporting documents should be self-attested.

ZUARI FINSERV LIMITED

Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi -110048 | Tel: 011-48513300 | Email: dp@adventz.zuarimoney.com

Web: www.zuarimoney.com | **Registered Office:** Jai kisaan Bhawan, Zuarinagar, Goa- 403726 (India), **CIN:** U45400GA2013PLC007383 |

Customer Care : 080 6956 8700