



Regd. / Admin. Office: - 303/306, Raheja Chambers, Free Press Journal Marg, Nariman Point, Mumbai - 400 021.

• Tel No. 66240800 • Fax No. 66240849 • E-mail : - investor\_samurai@yahoo.com

## **Account Details Addition / Modification / Deletion Request Form**

□ I/We request to carry out the change of address / signature in the demat account □ I/We request to carry out the change of address / signature in the KRA and demat account □ I/We request to carry out the change of address / signature in the KRA and demat account □ I/We request to carry out the change of address / signature in the KRA and demat account □ I/We request to carry out the change of address / signature in the KRA and demat account □ I/We request to label of the change of address / signature in the KRA and demat account □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request to carry out the change of address / signature   □ I/We request first / Sole Holder   □ I/We request first / S	Application No.	SSPL								Date			T						
Please fill all the details in BLOCK LETTERS in English  DP ID 1 1 2 0 3 8 8 6 0 0 0 Client ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	☐ I/We request to carry out the change of address / signature in the demat account																		
Please fill all the details in BLOCK LETTERS in English  DP ID 1 1 2 0 3 8 8 6 0 0 0 Client ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	☐ I/We request to carry out the change of address / signature in the KRA and demat account																		
DP ID	Please fill all the details in <b>BLOCK LETTERS</b> in English																		
Name of First / Sole Holder Name of Second Holder Name of Third Holder  I/We request you to make the following additions / modifications / deletions to my/our account in your records.  Details (Pl. specify change of address, bank details, telephone number etc.)  Addition / Modification/Deletion (Please specify)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder  Second Holder  Third Holder  Name  Signature  (Please Tear Here)  ——————————————————————————————————			_	_	1		-	T	0	Client ID	0	0	T	0				ls.	
Name of First / Sole Holder Name of Second Holder Name of Third Holder  I/We request you to make the following additions / modifications / deletions to my/our account in your records.  Details (Pl. specify change of address, bank details, telephone number etc.)  Addition / Modification/Deletion (Please specify)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder  Second Holder  Third Holder  Name  Signature  (Please Tear Here)  ——————————————————————————————————	Account Holder's	Details																	
Name of Third Holder  I/We request you to make the following additions / modifications / deletions to my/our account in your records.  Details (Pl. specify change of address, bank details, telephone number etc.)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)  Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date Date Date Name of First / Sole Holder Name of First / Sole Holder Name of First / Sole Holder Name of Second Holder Name of Third Holder	The state of the s																		
I/We request you to make the following additions / modifications / deletions to my/our account in your records.  Details (Pl. specify change of address, bank details, telephone number etc.)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder Second Holder Third Holder  Name  Signature  Please Tear Here)  Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date Date Date Default Default Date Default Date Default Default Date Default Default Default Default Date Default De	Name of Second Ho																		
Details (PI. specify change of address, bank details, telephone number etc.)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)  Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL  DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0  Name of First / Sole Holder  Name of First / Sole Holder  Name of Second Holder  Name of Second Holder	Name of Third Holder																		
of address, bank details, telephone number etc.)  Modification/Deletion (Please specify)  Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder  Second Holder  Third Holder  Signature  (Please Tear Here)===================================	I/We request you to make the following additions / modifications / deletions to my/our account in your records.																		
Attach an Annexure (with signature(s)) if the above space is found insufficient.  First / Sole Holder Second Holder Third Holder  Signature  Signature  Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0 No. Name of First / Sole Holder  Name of First / Sole Holder  Name of Second Holder  Name of Second Holder	of address, bank details, M			odification/Deletion					Existing Details				New Details						
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)	telephone number (	ease s	peciry	/)	_						+								
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
First / Sole Holder Second Holder Third Holder  Name  Signature  (Please Tear Here)																			
Signature   Signature   Signature   Celease Tear Here)   Signature   Signatu	Attach an Annexure (with signature(s)) if the above space is found insufficient.																		
Signature  Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0 Name of First / Sole Holder  Name of Second Holder  Name of Third Holder		First / Sole Holder							Second Holder					Third Holder					
Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0  Name of First / Sole Holder  Name of Second Holder  Name of Third Holder	Name							Γ											
Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0  Name of First / Sole Holder  Name of Second Holder  Name of Third Holder	100000000000000000000000000000000000000																		
Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0  Name of First / Sole Holder  Name of Second Holder  Name of Third Holder	Signature																		
Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jighatare																		
Acknowledgement Receipt  Received Account Details Addition / Modification / Deletions request as per details given below:  Application No. SSPL Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																			
Received Account Details Addition / Modification / Deletions request as per details given below :  Application No. SSPL Date Date DP ID 1 2 0 3 8 6 0 0 Client ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Please Tear Here)																		
Application No.         SSPL         Date         Date           DP ID         1         2         0         3         8         6         0         0         Client ID         0	Acknowledgement Receipt																		
DP ID         1         2         0         3         8         6         0         0         Client ID         0         <	Received Account Details Addition / Modification / Deletions request as per details given below :																		
DP ID         1         2         0         3         8         6         0         0         Client ID         0         <	Application No. SSPL Date																		
Name of First / Sole Holder  Name of Second Holder  Name of Third Holder			0	3	8	6	0	Т	0		0	0		)	0				
Name of Third Holder	The state of the s		19/07			_		7			-					**			
Control Control (1) And Control Control Control (1) And Control Control (1) And Control Control (1) And Contro	Name of Second Ho																		
Modification Requested For : (Specify Reason)	Name of Third Hold	er			2,0														