



## Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400 012.  
 Phone : 91-22-61779400 to 09 Fax: 91-22-61779058 Website: www.shcil.com CIN : U67190MH1986GOI040506

### Composite Request for Client Modifications

Demat A/c     KRA

To,  
 Stock Holding Corporation of India Limited  
 Branch Manager /Branch Head

DP ID: \_\_\_\_\_ Client ID : \_\_\_\_\_

I/we Under Signed hereby request Stock Holding to update the following details in my/our aforesaid demat account :

	1st Holder	2nd Holder	3rd Holder
<b>MOBILE NO</b>	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
<b>EMAIL ID</b>	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

\*While updating email branch official has to update e-bill facility flag.

**Signature of Holders:** \_\_\_\_\_  

First Holder
Second Holder
Third Holder

<b>Annual Income Range</b>	<b>For Individual</b> <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 Lac to Rs. 5 Lac <input type="checkbox"/> Rs. 5 Lac to Rs. 10 Lac <input type="checkbox"/> Rs. 10 Lac to Rs. 25 Lac <input type="checkbox"/> More than Rs. 25 Lac	<b>For Non Individual</b> <input type="checkbox"/> Below Rs. 20 Lac <input type="checkbox"/> Rs. 20 Lac to Rs. 50 Lac <input type="checkbox"/> Rs. 50 Lac to Rs. 1 Crore <input type="checkbox"/> More than Rs. 1 Crore <b>Networth (Amount in Rs.)</b> <hr/> <b>AS on date:</b> _____ <i>(Networth should not older than 1 year)</i>
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Client must ensure the confidentiality of the password of the email account.  
 Client must promptly inform the Participant if the email address has changed.  
 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.

5) **TRANSFER OF ACCOUNT FROM** \_\_\_\_\_ **BRANCH TO** \_\_\_\_\_ **BRANCH**  
*(To be mentioned in case of Inter-city address change)*

**6) First Holder Name & Address Details:**

<b>Old Address</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <i>(Submit details in Annexure if Both address are to be changed)</i>	<b>New Address</b> [please mention landmark] * (Self-attested copy of proof of Residence required alongwith original for verification) <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent
	Pin code (mandatory)

Tel. No. : \_\_\_\_\_ Date of birth / Incorporation: \_\_\_\_\_

**7) Bank Details:**

*(Cancelled cheque leaf is mandatory. if holder name is not pre-printed on cheque leaf then copy of bank passbook/statement)*

	Old Bank Details	New Bank Details
Account no.		
Type		
Bank Name		
Branch name and address	N.A.	
9 digit MICR Code	N.A.	
IFSC Code	N.A.	

**8) Second Holder Name & Address Details :**

<b>Old Address</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <i>(Submit details in Annexure if Both address are to be changed)</i>	<b>New Address</b> [please mention landmark] * (Self-attested copy of proof of Residence required alongwith original for verification) <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent
	Pin code (mandatory)

Tel. No. : \_\_\_\_\_ DOB / DOI: \_\_\_\_\_

**9) Third Holder Name & Address Details:**

<b>Old Address</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <i>(Submit details in Annexure if Both address are to be changed)</i>	<b>New Address</b> [please mention landmark] * (Self-attested copy of proof of Residence required alongwith original for verification) <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent
	Pin code (mandatory)

Tel. No. : \_\_\_\_\_ DOB / DOI: \_\_\_\_\_

**10) Mode of Operations for Joint Accounts:**     Jointly     Anyone of the holder or Survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze / unfreeze of account and / or securities and / or specific number of securities will be permitted.

**11) Other Service Request Updation:**

1	NACH Forms for clearing DP Bills (contact branch for NACH request)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Any Where Trade (AWT) facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Receive Annual Reports, AGM notice & other communication from Issuer in physical form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Transnet Form (contact branch for Transnet facility)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	GST No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	TAN No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	<b>E-bill facility flag:</b> Consolidated Account Statement (CAS) and E-Bill will be sent to 1st Holder's email id	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I/We authorize Mr/Ms \_\_\_\_\_ to submit the request on my/our behalf at my/our risk & responsibility. The representative signature is appended below and it is attested by me/us.\*

**Signature of authorized representative:** \_\_\_\_\_

**Signature of Holders:\*** \_\_\_\_\_  
First Holder
Second Holder
Third Holder

\* Please carry Proof of Identity while submitting the documents at the counter.

**(To be filled in at counter)**

Signature of the client/authorized representative submitting the request at the counter: \_\_\_\_\_  
**(Kindly affix IPV stamp for KRA modifications)**

Verified and accepted by: \_\_\_\_\_ Introducer (FOS) Code \_\_\_\_\_

(Branch stamp, Emp name, code and Signature)  
 (Details of Location Shift/Branch transfer as applicable, explained to the client)

**Important Notes:** Fields marked with \* are compulsory

- 1) The person submitting the request to provide copy of proof of identity along with original for verification, copy of latest transaction statement and clear pending dues if any
- 2) Please note on the basis of this form the email / mobile number changes can be done for KYC Modification also.
- 3) Please ensure that you have received your Nomination Registration Number for your nomination in the DP A/c.