

CHANGE TO BE OFFERED IN:

Address Change E-mail DP Details Bank Details

Client Code:

Client DP ID:

CRN ID:

Name of 1st Account Holder _____
 Name of 2nd Account Holder _____
 Name of 3rd Account Holder _____

1. CHANGE OF ADDRESS

New Address

House No: _____ Street No: _____
 Area / Location: _____
 City: _____ Pin Code: _____
 State: _____ Country: _____
 Mobile No: _____ Residence No: _____ Office No: _____
 E-mail: _____

a) **PROOF OF IDENTITY*** (1) PAN card (2) Passport (3) Driving Licence (4) Voter ID

b) **PROOF OF ADDRESS*** (1) PAN card (2) Voter ID (3) Driving Licence (4) Ration Card (5) Bank Passbook/Statement
 (6) Latest Electricity or Telephone bill - Landline (not older than two months)
 (7) Notarized copy of leave and licence agreement/sale agreement/rent agreement

*(Self attested copy of Identity and Address proof is required for change in address)

2. DP DETAIL**

(1) DP Client Master (2) Statement of Holding (3) Statement of Transaction

DP Name _____ DP ID _____ Demat ID _____ (Primary)
 DP Name _____ DP ID _____ Demat ID _____
 DP Name _____ DP ID _____ Demat ID _____

3. BANK DETAILS**

(1) Cancelled Cheque Leaf (2) Bank Statement / Passbook (A/C Holder's)

Name _____ Branch Address _____
 Account No. _____ Account Type: Savings Current Other
 MICR No. _____ RTGS Code _____

** (Self attested copy of supporting documents is required for depository and bank updation)

In future all communications to me/us including but not limited to Contract notes and Statements of Accounts to be sent to the above address and E-mail ID until you receive further communication in writing from me/Us . I/We request you to incorporate the change of address. Demat Account. Bank Details and E-mail ID etc. in your records. I/We also undertake not to dispute in any manner whatsoever the receipt of any communication sent to me/us on the above mentioned address and E-mail ID and your dispatch shall be deemed to be delivery to me/us once the same has been put in communication by you.

I/We further undertake that I/We shall indemnify and keep indemnified Kellton Securities Pvt Ltd or Its Directors or its Employees from and against any loss claims liabilities, obligations, damages, deficiencies actions, suits, proceedings or liability suffered or fastened due to any incorrect, wrong, false, misleading representations provided / disclosed by me /us to Kellton Securities Pvt Ltd.

I/We are agreeable to continued dispatch to us In electronic form of our contract notes, bills & all other communication by Kellton Securities Pvt Ltd and here by confirm above said E-mail ID for this purpose.

Signature(s) _____

Client Name(s) _____

1st / Sole Holder

2nd Holder

3rd Holder

Place: _____

Date:

For Office Use Only

Details

Date of receipt

Name & Empi Cd. of the person incorporating the changes

Date on which address change effected: