## **ECONO BROKING PVT. LTD.**

CORP. OFFICE: EVA-1, 105 TO 112, ATABHAI CHOWK, BHAVNAGAR-364002 PHONE: - 0278-3005600/2563700 FAX:3005566

|                        | Acco                 | ount Detail     | s Addi       | tion / Mo   | odification | ı / Delo  | etion F              | Reque  | st Fo           | rm           |         |          |        |       |  |
|------------------------|----------------------|-----------------|--------------|-------------|-------------|-----------|----------------------|--------|-----------------|--------------|---------|----------|--------|-------|--|
| Application no:        |                      |                 |              |             |             |           |                      |        | Da              | te:          |         |          |        |       |  |
| Account Holder         | (Pleas               | e fill all t    | he details i | n BLOCK L   | etters in   | English,  | , Please             | mark   | $(\sqrt{1})$ on | the ap       | propria | ate colu | ımn.)  |       |  |
| Client Code            |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Client Name            |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Branch:                |                      |                 |              |             | Sub         | Broker    | ::                   |        |                 |              |         |          |        |       |  |
| Dear Sir / Mada        | am,                  |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| I / we request         | •                    | e the follow    | ving Ac      | dditions    | Modifica    | tion / ]  | Deletio              | ons to | my /            | Our          | Trad    | ing a    | nd D   | emat  |  |
| account in your        | record               |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
|                        |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Bank<br>Details        | Existing Details     |                 |              |             |             |           | New Details          |        |                 |              |         |          |        |       |  |
| Addition               | Bank Name & Branch : |                 |              |             |             |           | Bank Name & Branch : |        |                 |              |         |          |        |       |  |
| Deletion               |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
|                        | A/c No:              |                 |              |             |             |           | A/c No:              |        |                 |              |         |          |        |       |  |
| Modificat              | A/c Type :           |                 |              |             |             |           | A/c Type :           |        |                 |              |         |          |        |       |  |
|                        | MICR (Ma             | andatory for    | · DP) :      |             |             | MIC       | R (Ma                | ndatoi | ry for          | <b>DP</b> ): |         |          |        |       |  |
|                        |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
|                        |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Address<br>Details     |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Addition               | Address:             |                 |              |             |             |           | Address:             |        |                 |              |         |          |        |       |  |
|                        |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| D.1.:                  |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Deletion $\square$     | City: Pin No:        |                 |              |             |             |           | City: Pin No:        |        |                 |              |         |          |        |       |  |
| Modificat              | State: Country:      |                 |              |             |             |           | State: Country:      |        |                 |              |         |          |        |       |  |
| ion-                   | Tel No: Mob No:      |                 |              |             |             |           | Tel No: Mob No:      |        |                 |              |         |          |        |       |  |
|                        | Email ID :           |                 |              |             |             |           | Email ID :           |        |                 |              |         |          |        |       |  |
| DP Detail              | □ Pay-               | In              |              | D Pay       | out         |           | Pay- I               | n      |                 |              |         | Pay      | out    |       |  |
| Addition               | DP Name :            | DP Name :       |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Deletion               | DP ID:               |                 |              |             |             |           | DP ID :              |        |                 |              |         |          |        |       |  |
| Modificat              | Client ID :          |                 | Client ID:   |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Name of Clien          | Sig                  | Signature :     |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Any one Proof          |                      | om the fol      | lowing       | list (Seli  | Attested    |           | •                    |        |                 |              |         |          |        |       |  |
| Bank Details:          | _                    |                 | _            |             |             |           | sbook.               | copy   | of ba           | nk st        | atemo   | ent of   | acco   | unts  |  |
| duly attested by       |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Address Detai          | ls : Copy o          | of Ration ca    | ard, Pas     | ssport, V   | oter ID ca  | ırd, Dr   | iving l              | Licens | se, Ba          | ank P        | assbo   | ook, F   | Electr | icity |  |
| bill (not more the     | han two mo           | nths), Telej    | phone b      | ill Land    | line (not n | nore th   | an two               | mon    | ths)            |              |         |          |        |       |  |
|                        |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
|                        |                      |                 | $\mathbf{A}$ | cknowle     | dgment R    | eceipt    |                      |        |                 |              |         |          |        |       |  |
| Application no         |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| We hereby acknow       | ledge the rece       | eipt of the you | ır instru    | ction for n | odification | of the fo | llowing              | accour | nt subj         | ject to      | verific | cation   |        |       |  |
| Client Code            |                      |                 |              |             |             |           |                      |        |                 |              |         |          |        |       |  |
| Client Name  Bank Chan |                      |                 | ] مع         | ress Change |             |           | ſ                    |        |                 | - ID1        | P Chai  |          |        |       |  |
| Dank Chan              |                      |                 | Aud          | ress Change | •           |           | Į.                   |        |                 | וע           | . Cual  | age      |        |       |  |