



MUNI BROKING HOUSE LIMITED

The Legacy, Unit 41A/43, 25A Shakespeare Sarani, Kolkata- 700017

Member: NSE, BSE and MCX Depository Participant: NSDL

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

please tick wherever applicable

Date:

Trading Code:

NSDL DP ID: IN304764

DP CLIENT ID:

CHANGE TO BE EFFECTED IN:	<input type="checkbox"/> Trading & Depository Account	<input type="checkbox"/> Only Depository Account	<input type="checkbox"/> Only Trading Account
Name of 1 st Holder:	_____		
Name of 2 nd Holder:	_____		
Name of 3 rd Holder:	_____		

1.CHANGE OF PERMANENT / CORRESPONDENCE ADDRESS AND TELEPHONE NUMBER (Proof Required):	
Permanent Address	Correspondence Address
Old Address _____ _____	New Address _____ _____
Landmark _____	Landmark _____
City _____ PIN _____	City _____ PIN _____
State _____	State _____
Tel. No. _____	Tel. No. _____

2.	<input type="checkbox"/> 1ST HOLDER	<input type="checkbox"/> 2ND HOLDER	<input type="checkbox"/> 3RD HOLDER
Mobile No.:			
Declaration	I hereby declare that the Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
Email ID:			
Declaration	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

3. ECN activation for Trading and Demat account: () Yes, I require ECN for Trading and Demat account
 I/ We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, transaction statements, Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statement(S), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement (s)" issued from time to time, at the above mentioned new email id.

4. BANK DETAILS (Proof Required) Update the given Bank Account as Default/ Future Transaction:

Bank Name: _____
Bank Account Number: _____ **Type of Account:** _____
MICR No.: _____ **IFSC Code:** _____
Branch Address: _____

5. <input type="checkbox"/> Update DOB	1st Holder	2nd Holder	3rd Holder
	_____	_____	_____

Declaration: I/We hereby declare that the details furnished above are true & correct to the best of my /our knowledge and belief. In case of any the above mentioned details is/are found to be false or untrue or misleading or misrepresenting, I/We am/ are aware that I/We may be held liable for it.

• KRA: I/We agree and wish to update the above changes in KRA.

	1st Holder	2nd Holder	3rd Holder
Signature	_____	_____	_____