

<p align="center">CENTRUM FINVERSE LIMITED (12200)</p> <p align="center">UNIT NO 1A, CENTRAL PLAZA, VIDYA NAGARI MARG KALINA, SANTACRUZ (E), MUMBAI 400098.</p> <p align="center">TEL :- 67249000 FAX :- 67249355.</p>										
<p align="center">Modification in (Please tick)</p> <p> Trading () Demat () Both () </p>										
Trading Code		Date								

Please fill all the details in Block Letters in English

DP ID	1	2	0	1	2	2	0	0	Client ID	0	0								
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Account Holder's Details

Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- ☐ 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 you to make the following additions / modifications / deletions to my/our account in your records.

I/We, hereby declare that the Mobile number and Email ID belongs to Mr/Mrs _____

Relation: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Parent

Annual Income : ☐ Up to 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25-1cr ☐ 1cr & above

Net-Worth* Rs. _____ as on Date _____ (*Net-worth should not be older than 1 Year).

Details (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

Attach an Annexure (with signature(s)) if the space above 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.																		Date																			
DP ID		1	2	0	1	2	2	0	0	Client ID																											
Name of the Sole / First Holder																																					
Name of Second joint Holder																																					
Name of Third joint Holder																																					
Modification requested for: [Specify reason]																																					

Depository Participant Seal and Signature