

**Account Details Addition / Modification / Deletion Request Form****CENTRUM FINVERSE LIMITED (12200)**

UNIT NO 1A, CENTRAL PLAZA, VIDYA NAGARI MARG KALINA, SANTACRUZ (E), MUMBAI 400098.

TEL :- 67249000 FAX :- 67249355.

**Modification in (Please tick)****Trading ( )****Demat ( )****Both ( )**

Trading Code	Date										
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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 ParentAnnual 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.

	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]														