	Account Detail			eletion Red	quest Form
	- to	•	ecurities Pvt Ltd.		
Application No.	5/2	B Ashutosh Chou	dhary Avenue, Ko	Date	
Please fill all the details i	in Block Letters in Eng	list		Date	
DP ID	III DIOCK ECTECTO III EIIB		Client ID	<del> </del>	
UCC					
Account Holder's Details					
Name of First/Sole Holde	∋r				
Name of Second Holder					
Name of Third Holder		ļ			
I/We request to carry I/We request to carry I/We request to carry I/We request to upda	out the change of add out all the change in	dress/signatuire i my Trading accou	n the KRA and den in	nat accoun	
DETAILS (Please specify change of correspondence/ permanent address,	Addition/Modificati on/Deletion (Please specify)				New Details
bank details, telephone	,				
number, sub-status etc)					
Attach an Annexure (Wit					
				Me or □ My	family (spouse, dependent children and
dependent parents) and	`	-			
/We request you to sen	d Electronic Transaction	on-cum Holding s	tatement in the re	gistered e-m	ail id(Yes/No)
Activation for E-CAS facil					
ncome Range Per annur	n:(i) Up to Rs.1lakh (ii	) 1-5lakh (iii) 5-10	lakh (iv)10-25lakh	(v) 25lakh-10	Cr (vi) More than 1 Cr
	First/Sole	Holder	Second ł	lolder	Third Holder
Name					
Signature					
*************			e <b>Tear Here)===</b> dgement Receipt		
Received Account Details	s Addition/Modification	on/Deletions requ	uest as per details	given below:	
Application No.			Date		
OP ID			Client ID		
Name of the Sole/First H	older	-			
lame of the Second Join	t Holder				
Name ot the Third joint I	Holder			············	
Modification requested	for: (Specify reason)				Depository Participant Seal and
					Signature