



SAAKETA CONSULTANTS LIMITED

Reg. Office : 3-4-616/1, 2nd Floor, Narayanaguda, Hyderabad - 500 029

Phone No. : 27560061, Fax : 27562182

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Depository Participant Name / Address .

Application No.

Date

(Please fill all the details in **Block Letters** in English)

DP ID

Client ID

Account Holder's Details

Name of First / Sole Holder

Name of the Second Holder

Name of the 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.

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

Attach an Annexure (with signaure(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	Cline ID
Name of the sole / First Holder	
Name of the Second Joint Holder	
Name of the Third Joint Holder	
Modification requested for : (Specify reason)	

Depository Participant Seal and Signature

Account Details Addition/ Modification / Delete Request Form

SAAKETA CONSULTANTS LIMITED 3-4-616/1, NARAYANAGUDA, HYDERABAD-500029 Ph.: 040-27560061
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Client Name:	Date:
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Client Code:	Segment:
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I/We request you to make the following additions/modifications/deletions to my/our account in your records

	Existing Details	New Details
DP Details		
DP Id		
Client Id		
Bank Details		
Bank Name /Address		
A/c No, IFSC Code, MICR No		
Email Id		
Mobile no		
Change of Address		

Signature of the applicant	
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Acknowledgement Receipt

Client Name: Date:

Client Code :Segment:

Authorized Signatory Seal and Signature