

COMMUNICATION OF CHANGE IN PARTICULARS

Adroit Financial Services Pvt. Ltd.

Shop No. 401-402, 4th Floor Angel Mega Mall

Plot No. CK-1, Kaushambi Ghaziabad-201010 Telephone: 0120-2817800 Email Id:

info@adroitfinancial.com web: www.adroitfinancial.com

Date:

- I/we request you to make the following addition/modification to my/our account in your records.
- I/We request to carry out the change of address in the KRA and Demat Account
- I/We hereby request you to use below mobile no & mail id all correspondence for my/our Demat and Trading Accounts

DP Id _____ **Client Id:** _____ **Client Code:** _____

Existing Address Details	New Address Details
_____ _____ _____ City: _____ Pin: _____ Email Id: _____ Mobile No / Landline No.: _____ SMS Flag: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ City: _____ Pin: _____ Occupation _____ Aadhaar No. _____ Email Id: _____ Mobile No / Landline No.: _____ SMS Flag: Yes <input type="checkbox"/> No <input type="checkbox"/> Client Option to Receive e-Statement Yes <input type="checkbox"/> No <input type="checkbox"/>

Details	Addition or Modification <i>(Please specify)</i>	Existing Details	New Details <i>(Proof Attached)</i>
<i>Bank Details</i>		Bank A/c No.: _____ Bank Name : _____ Branch Address: _____ _____ A/c Type: _____ MICR No: _____ IFSC Code : _____	Bank A/c No.: _____ Bank Name : _____ Branch Address: _____ _____ A/c Type: _____ MICR No: _____ IFSC Code: _____ Primary <input type="checkbox"/> Secondary <input type="checkbox"/>

	Addition or Modification <i>(Please specify)</i>	Existing Details	New Details <i>(Proof Attached)</i>
<i>Demat Details</i>		DP ID : _____ Client ID : _____	DP ID : _____ Client ID : _____ Primary <input type="checkbox"/> Secondary <input type="checkbox"/>

Client Name	1)	2)	3)
Client Signature