Request for Client Details Modifications

To, Stock Holding Corporation Of India Ltd. Branch : _

DP ID : _____ Client Id : _____

1) Transfer from _

____ to _____ (To be mentioned in case of Inter-city address change)

2) Address Details :

Old Address To be mentioned correspondence or permanent	New Address (Proof of Residence for all holders required alongwith original for verification) To be mentioned correspondence or permanent	
	Pincode (mandatory)	
	Tel. No. :	
	Mobile No : SMS Yor N :	
	Email id :	

3) Bank Details (Please enclose cancelled cheque leaf and copy of bank passbook/statement if holder name is not pre-printed on chq leaf) :

	Old Bank Details	New Bank Details	
Account no. / Type			
Bank Name			
Branch Name			
Branch Address			
(Pincode mandatory)			
9 digit MICR Code	N.A.		
IFSC Code	N.A.		
 4) Do you want ECS facility for clearing DP Bills : Yes No (If yes, pls submit ECS form) 5) E-Billing facility : Yes No (If yes, pls submit E-Bill mandate) 6) No download of e-mail ID to Issuers/RTAs : 1st Holder 2nd Holder 3rd Holder 			
Signature of authorized representative :			
Signature of Holders: * First Hol		r Third Holder	
* Please carry Proof of Identity while submitting the do	ocuments at the counter.		
(To be filled in at counter) Signature of the client/authorized representative sub Verified and accepted by: (Branch stamp, Emp nam (Details of Location Shift/Branch transfer as applica)	e, code and Signature) :		

Important Notes :

1. The person submitting the request to provide copy of proof of identity alongwith original for verification, copy of latest transaction statement and clear pending dues if any.

2) Please note that if any changes in point no 2 above, then KRA modification form is to be submitted alongwith this form to effect the changes at KRA end.

3) Please ensure that you have received your Nomination registration number for your nomination in the DP A/c.