

CHANGE TO BE OFFERED IN:			<input type="checkbox"/> Address Change <input type="checkbox"/> E-mail <input type="checkbox"/> DP Details <input type="checkbox"/> Bank Details
Client Code:	Client DP ID:	CRN ID:	
Name of 1st Account Holder	_____		
Name of 2nd Account Holder	_____		
Name of 3rd Account Holder	_____		

1 CHANGE OF ADDRESS			
New Address			
House No.	_____	Street No.	_____
Area / Location	_____		
City	_____	Pin Code	_____
State	_____	Country	_____
Mobile _____	Residence (_____)	Office(_____)	_____
E-mail	_____		

a) PROOF OF IDENTITY *	1) PAN card <input type="checkbox"/> (2) Passport <input type="checkbox"/> (3) Driving Licence <input type="checkbox"/> (4) Voter ID <input type="checkbox"/>
b) PROOF OF ADDRESS *	(1) Passport <input type="checkbox"/> (2) Voter ID <input type="checkbox"/> (3) Driving Licence <input type="checkbox"/> (4) Ration Card <input type="checkbox"/> (5) Bank Passbook/Statement <input type="checkbox"/> (6) Latest Electricity or Telephone bill -Landline (not older than two months) <input type="checkbox"/> (7) Notarized copy of leave and licence agreement/sale agreement/rent agreement <input type="checkbox"/>

*(Self attested copy of Identity and Address proof is required for change in address)

2 DP DETAIL **			
1) DP Client Master <input type="checkbox"/> (2) Statement of Holding <input type="checkbox"/> (3) Statement of Transaction <input type="checkbox"/>			
DP Name _____	DP ID _____	Demat ID _____	(Primary)
DP Name _____	DP ID _____	Demat ID _____	
DP Name _____	DP ID _____	Demat ID _____	

3 BANK DETAILS**			
1) Cancelled cheque leaf <input type="checkbox"/> (2) Bank Statement/ Passbook (A/c Holder's) <input type="checkbox"/>			
Name _____	Branch Address _____		
Account No. _____	Account Type:- Savings <input type="checkbox"/> Current <input type="checkbox"/> Other <input type="checkbox"/>		
MICR No. _____	RTGS Code _____		

** (Self attested copy of supporting documents is required for depository and bank updation)

In future all communications to me/us including but not limited to Contract notes and Statements of Accounts to be sent to the above address and E-mail ID until you receive further communication in writing from me/Us . I/We request you to incorporate the change of address. Demat Account. Bank Details and E-mail ID etc. in your records. I/We also undertake not to dispute in any manner whatsoever the receipt of any communication sent to me/us on the above mentioned address and E-mail ID and your dispatch shall be deemed to be delivery to me/us once the same has been put in communication by you.

I/We further undertake that I/We shall indemnify and keep indemnified Kellton Securities Pvt Ltd or Its Directors or its Employees from and against any loss claims liabilities, obligations, damages, deficiencies actions, suits, proceedings or liability suffered or fastened due to any incorrect, wrong, false, misleading representations provided / disclosed by me /us to Kellton Securities Pvt Ltd.

I/We are agreeable to continued dispatch to us In electronic form of our contract notes, bills & all other communication by Kellton Securities Pvt Ltd and here by confirm above said E-mail ID for this purpose.

Signature(s)	_____	_____	_____							
Client Name(s)	_____	_____	_____							
	1st / Sole Holder	2nd Holder	3rd Holder							
Place :	_____	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y				

For Office Use Only	
Details	
Date of receipt	
Name & Empl Cd. of the person incorporating the changes	
Date on which address change effected:	