



Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400 012.

Phone : 91-22-61779400 to 09 Fax: 91-22-61779058 Website: www.shcil.com CIN : U67190MH1986GOI040506

Composite Request for Client Modifications

☐ Demat A/c ☐ KRA

To,
Stock Holding Corporation of India Limited
Branch Manager /Branch Head

DP ID: _____ Client ID : _____

I/we Under Signed hereby request Stock Holding to update following details in my/our aforesaid demat account:

1) * PAN OF _____	_____	_____
1st Holder	2nd Holder	3rd Holder
2) AADHAR OF _____	_____	_____
1st Holder	2nd Holder	3rd Holder
3) * MOBILE OF _____	_____	_____
1st Holder	2nd Holder	3rd Holder
4) * EMAIL ID OF _____	_____	_____
(Mandatory) 1st Holder	2nd Holder	3rd Holder

Note: Branch official has to update E-bill facility flag. Consolidated Account Statement (CAS) and E-Bill will be sent to 1st Holders email ID

Client must ensure the confidentiality of the password of the email account.

Client must promptly inform the Participant if the email address has changed.

Client may opt to terminate this facility by giving 10 days' prior notice. Similarly, Participant may also terminate this facility by giving 10 days' prior notice.

5) TRANSFER OF ACCOUNT FROM _____ BRANCH TO _____ BRANCH

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

6) First Holder Name & Address Details:

Old Address <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent (Submit details in Annexure if Both address are to be changed)	New Address [please mention landmark] * (Self-attested copy of proof of Residence required alongwith original for verification) <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent
	Pin code (mandatory)

Tel. No. : _____ SMS Y or N : _____ Date of birth / Incorporation: _____

7) Bank Details:

(Cancelled cheque leaf is mandatory. if holder name is not pre-printed on cheque leaf then copy of bank passbook/statement)

	Old Bank Details	New Bank Details
Account no.		
Type		
Bank Name		
Branch name and address	N.A.	
9 digit MICR Code	N.A.	
IFSC Code	N.A.	

8) Second Holder Name & Address Details :

Old Address <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent </div> <i>(Submit details in Annexure if Both address are to be changed)</i>	New Address [please mention landmark] * <i>(Self-attested copy of proof of Residence required alongwith original for verification)</i> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent </div>
	Pin code (mandatory)

Tel. No. : _____ SMS **Y** or **N** : _____ DOB / DOI: _____

9) Third Holder Name & Address Details:

Old Address <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent </div> <i>(Submit details in Annexure if Both address are to be changed)</i>	New Address [please mention landmark] * <i>(Self-attested copy of proof of Residence required alongwith original for verification)</i> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent </div>
	Pin code (mandatory)

Tel. No. : _____ SMS **Y** or **N** : _____ Date of birth / Incorporation: _____

10) Other Service Request Updation:

1	NACH Forms for clearing DP Bills (contact branch for NACH request)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Any Where Trade (AWT) facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Receive Annual Reports, AGM notice & other communication from Issuer in physical form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Transnet Form (contact branch for Transnet facility)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	GST No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	TAN No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11) OTHER DETAILS FOR KRA MODIFICATIONS :

Sr. No.	Details	(Please v wherever applicable)			Sr. No.	Details	(Please v wherever applicable)		
1	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		3	Nationality	Indian <input type="checkbox"/>	Other <input type="checkbox"/>	
2	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>	4	Residential Status	Resident <input type="checkbox"/>	Non Resident <input type="checkbox"/>	
							Foreign National <input type="checkbox"/>	Person of Indian Origin <input type="checkbox"/>	

I/We authorize Mr/Ms _____ to submit the request on my/our behalf at my/our risk & responsibility. The representative signature is appended below and it is attested by me/us.*

Signature of authorized representative: _____

Signature of Holders:* _____

First Holder
Second Holder
Third Holder

* Please carry Proof of Identity while submitting the documents at the counter.

(To be filled in at counter) Signature of the client/authorized representative submitting the request at the counter: _____ (Kindly affix IPV stamp for KRA modifications) <div style="display: flex; justify-content: space-between;"> Verified and accepted by: _____ <div style="text-align: right;">Introducer (FOS) Code _____</div> </div> <div style="margin-top: 10px;"> (Branch stamp, Emp name, code and Signature) (Details of Location Shift/Branch transfer as applicable, explained to the client) </div>	
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Important Notes: Fields marked with * are compulsory

- 1) The person submitting the request to provide copy of proof of identity along with original for verification, copy of latest transaction statement and clear pending dues if any.
- 2) Please note on the basis of this form the changes can be done for KYC Modification also.
- 3) IPV is mandatory for all the holders for KRA modifications.
- 4) Please ensure that you have received your Nomination registration number for your nomination in the DPA/c.
- 5) Modification for 2nd & 3rd holder details on KRA has been incorporated in the form.