

Registered Office: 807, New Delhi House, Barakhamba Road, Connaught Place, New Delhi, 110 011

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ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.		Date (dd/mm/yyyy)																	
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Please fill all the details in Block Letters in English

DP ID	1	2	0	8	1	8	0	0	Client ID										
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Account Holder's details

Name of First / Sole Holder	
Name of Second Holder	
Name of 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)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			



Powered by RKSVM Securities India Private Limited
SEBI REG NO.IN-DP-118-2015

(Please Tear Here)

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date (dd/mm/yyyy)																	
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DP ID	1	2	0	8	1	8	0	0	Client ID										
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Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	
Modification requested for: (Specify reason)	

NOMINATION DETAILS		ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM	
DP ID	1 2 0 8 1 8 0 0	BO ID	
NOMINATION REGISTRATION NO.:	PLACE	DATE (DD/MM/YYYY)	
<p>I/We (customer name) _____ the sole holder/Joint holders/Guardian (in case of minor) hereby declare that:</p> <p><input type="radio"/> I/We do not wish to nominate any one for this demat account.</p> <p><input type="radio"/> I/We nominate the following person who is entitled to receive security balances lying in my/our account, Particulars whereof are given below, in the event of my/our death.</p>			
NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
* FIRST NAME			
MIDDLE NAME			
* LAST NAME			
* ADDRESS			
* CITY			
* STATE			
* PIN CODE			
* COUNTRY			
TELEPHONE NO.			
FAX NO.			
PAN NO.			
UID			
EMAIL ID			
* RELATIONSHIP WITH THE BO			
DATE OF BIRTH (Mandatory if nominee is a minor) dd-mm-yyyy			
NAME OF THE GUARDIAN OF NOMINEE (if nominee is a minor)			
* FIRST NAME			
MIDDLE NAME			
* LAST NAME			
* ADDRESS OF THE GUARDIAN OF NOMINEE			
* CITY			
* STATE			
* COUNTRY			
* PIN			
* AGE			
TELEPHONE			
FAX NO.			
EMAIL ID			
* RELATION OF THE GUARDIAN WITH THE NOMINEE			

* PERCENTAGE OF ALLOCATION OF SECURITIES			
* RESIDUAL SECURITIES [Please select any one nominee, if tick not marked the default will be first nominee]			
* Marked is a mandatory field Note - Residual securities: Incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.			
This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us. Note - One witness shall attest signature(s) / thumb impression(s)			
DETAILS OF THE WITNESS			
NAME			
ADDRESS			
SIGNATURE			
I/We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details/ Particulars mentioned by me/us in this form. I/We further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.			
	FIRST/SOLE HOLDER OR GUARDIAN (in case of Minor)	SECOND HOLDER	THIRD HOLDER
NAME			
SIGNATURES			
(Signatures should be preferably in blue ink)			

..... (Please Tear Here)

Application No.:

Acknowledgement Receipt

Date:

We hereby acknowledge the receipt of the Account Opening Application Form / Nominee Details / DIS:

Name of the Sole/First Holder	
Name of the Second Holder	
Name of the Third Holder	

For RKSV Securities India Private Limited

..... (Please Tear Here)