



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

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Telephone: +91-22-6130-9999 | **Fax:** +91-22-6710-7492 | **Email:** trading@rksv.net, www.upstox.com

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

| | |
|-----|------------------|
| UCC | Date(dd/mm/yyyy) |
|-----|------------------|

Please fill all the details in Block Letters in English

| | | | | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|-------------|--|--|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 8 | 1 | 8 | 0 | 0 | 0 | Client ID | | | | | | | | | | |
| PAN | | | | | | | | | | Aadhaar No. | | | | | | | | | | |

Account Holder's details

| | |
|---|--|
| Name of First / Sole Holder | |
| Name of Second Holder | |
| Name of Third Holder | |
| <input type="checkbox"/> *Change in Address (Refer Note 1) | <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Permanent Address |
| <input type="checkbox"/> *Change of Mobile No. / Landline No.(Refer Note 4) | <input type="checkbox"/> Change of Email ID |

| | |
|---|---|
| Existing Details : _____ Pincode: _____ State: _____ City: _____ Old Email: _____ Old Mobile: _____ | Existing Details : _____ Pincode: _____ State: _____ City: _____ New Email: _____ New Mobile: _____ |
|---|---|

| Details (Please Specify changes Of Bank details, Signature & Nominee (Please Specify Details)) | Addition / Modification / Deletion (Please Specify) | Existing Details | New Details |
|--|---|------------------|-------------|
| | | | |

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

Proof of address to be provided by applicant. Please submit ANY ONE of the following valid documents & TICK against the document attached

Passport Driving Licence Voter Identity Card Aadhaar Card

Note: 1) Pan Card copy is compulsory with a Request. 2) Not more than 3 months old. 3) Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

Proof of Identity submitted for PAN exempt cases. Please tick.

Aadhaar Card Passport Voter ID Driving Licence Others _____

Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I may be held liable for it.

| | First / Sole Holder | Second Holder | Third Holder | | | | | | | | |
|--------------------|--|---------------|--------------|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | |
| Client's Signature | / | / | / | | | | | | | | |
| PLACE: | DATE (DD/MM/YYYY) <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> | | | | | | | | | | |
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FOR OFFICE USE ONLY

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|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| AMC/Intermediary name OR code | IPV Done | <input type="checkbox"/> on (dd/mm/yyyy) | <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (Originals verified) True copies of documents received | Seal/Stamp of the intermediary should contain Staff Name, Designation, Name of the Organization, Signature, Date | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (Attested) True copies of documents received Main Intermediary | | | | | | | | | | | | | | | | | | | |
| Maker (DD/MM/YYYY) <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> | | | | | | | | | Checker (DD/MM/YYYY) <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table> | | | | | | | | | | |
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(Please Tear Here)

Acknowledgement Receipt

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

| | |
|-----------------------------|---------------------------|
| UCC | Date (dd/mm/yyyy) |
| DP ID | 1 2 0 8 1 8 0 0 Client ID |
| Name of First / Sole Holder | |
| Name of Second Holder | |
| Name of Third Holder | |
| Modification requested for: | |