

**APPLICATION FOR CHANGES IN CLIENT MASTER ( BOTH DEMAT AND TRADING ACCOUNT )**

**To** Indbank Merchant Banking Services Limited (DP ID. IN300597 /IN303093 /IN300853/12091300/13031900/)  
1<sup>st</sup> Floor, Khivraj Complex1, No 480, Annasalai, Nandanam, Chennai- 35

**From**

Kindly make necessary changes in my/our **Demat A/c**  **and Trading A/c**  as per details mentioned below.

| <b>ADDRESS DETAILS (Proof to be enclosed) ( <input type="checkbox"/> Local or Permanent / <input type="checkbox"/> Correspondence / <input type="checkbox"/> Both )</b> |            |
|---|------------|
| <b>Existing</b>   | <b>New</b> |
|   |            |
|   |            |
| Pin code  | Pin code   |

\* Update above address in Nominee Details. Yes  No

| <b>BANK DETAILS (Proof to be enclosed)</b> |                   |                   |                   |
|--|-------------------|-------------------|-------------------|
| Bank A/C Type                              |                   |                   |                   |
| Bank A/C No.                               |                   |                   |                   |
| Bank Name                                  |                   |                   |                   |
| Bank Address.                              |                   |                   |                   |
|  |                   |                   | Pin code          |
| MICR / IFS Code                            |                   |                   |                   |
| PAN Details                                | <i>1st holder</i> | <i>2nd holder</i> | <i>3rd holder</i> |
| ADHAR Details                              | <i>1st holder</i> | <i>2nd holder</i> | <i>3rd holder</i> |
| Date Of Birth                              | <i>1st holder</i> | <i>2nd holder</i> | <i>3rd holder</i> |
| Others Details ( if any )                  |                   |                   |                   |

| <b>Income Range, Mobile No and Email ID</b> |   |
|---|---|
| Gross Annual Income Details                 | <input type="checkbox"/> Below Rs 1 Lac <input type="checkbox"/> Rs 1- 5 Lac <input type="checkbox"/> Rs 5-10 Lac <input type="checkbox"/> Rs 10-25 Lac <input type="checkbox"/> More than Rs 25 Lac      |
| Networth                                    | Rs _____ Lac as on _____.   |
| Mobile No. (1st Holder )                    | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |
| Mobile No. (2nd Holder )                    | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |
| Mobile No. (3rd Holder )                    | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |

|  |   |
|--|---|
| I/We would like to have the statement of Transaction / Holding / Bill e-mailed to me/us at the following e-mail id |   |
| Email Id. (1st Holder)   | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |
| Email Id. (2nd Holder)   | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |
| Email Id. (3rd Holder)   | Belongs to <input type="checkbox"/> Self/ <input type="checkbox"/> My family [ <input type="checkbox"/> Spouse/ <input type="checkbox"/> Dependent children / <input type="checkbox"/> Dependent parents] |

I/We the under mentioned Beneficial Holder/s hereby declare that I/We am/are aware of the aforementioned services provided by Indbank Merchant Banking Services Ltd and I/We will take all the necessary steps to ensure confidentiality of password of the e-mail account and I/we shall promptly inform the DP about change in e-mail id ,if any and I/We agree that DP shall have the right to terminate such service by giving prior notice.Please do the needful at the earliest at my/our sole responsibility and activate the services as mentioned above for my/our DEMAT/Trading Account.

| <b>Signature</b>       |                   |                   |
|------------------------|-------------------|-------------------|
| <i>Sole/1st holder</i> | <i>2nd holder</i> | <i>3rd holder</i> |

**Verified and Accepted by : (For Office Use)**  
(Branch Date stamp, Emp name, code and Signature)

**\*'Family' as mentioned above has been defined as spouse, dependent children and dependent parent**