



Account Details Addition / Modification / Deletion Request Form

Application No.		Date	
-----------------	--	------	--

I/We request to carry out the (please tick) Change Addition Modification Deletion
 Please Tick (✓) Demat Account Trading Account Both (Demat & Trading A/c) KRA (separate KRA modification form required)
 Please fill all the details in Block Letters in English

DP ID	1	2	0	7	0	6	0	0	Client ID									TRADING CODE	
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--------------	--

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	(IF APPLICABLE FOR DMAT A/C ONLY)
Name of Third Holder	(IF APPLICABLE FOR DMAT A/C ONLY)

- I/we request to carry out the change of correspondence/permanent address / signature in the demat, Trading account
 I/we request to carry out the change of address / signature in the KRA, Demat and Trading Account

Please tick the following details in which you are requesting for change, also in case of multiple changes kindly tick as applicable.

- Address (Correspondence Permanent Both) Bank Mobile e-mail ID Income Detail
 Name Sub-Status Signature Other

(Separate KYC form also required for Name, Address, Mobile, E-mail id, Signature change)

The mobile number mentioned here belongs to Name of relative _____

- Self Spouse Dependent parent Dependent children PAN of relative

The email ID mentioned here belongs to Name of relative _____

- Self Spouse Dependent parent Dependent children PAN of relative

(Separate KRA form also required for Mobile & Email modification)

- Nominations (separate nomination form required) Demat A/c (applicable in Case of Trading A/c)

Details of supporting document to incorporate the above-mentioned changes i.e., Address Proof, Bank Proof, Demat Proof etc.: -
 I/We request you to make the following change / additions / modifications / deletions to my/our account in your records.

Existing Details	New Details
Details of Supporting documents:	

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

	First/Sole Holder	Second Holder	Third Holder
Name		(APPLICABLE FOR DMAT A/C)	(APPLICABLE FOR DMAT A/C)
Signature			

(Please Tear Here)

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

DP ID	1	2	0	7	0	6	0	0		TRADING CODE
Client ID										
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant/Trading Member Seal and Signature

Know Your Client (KYC)
Application Form (For Individuals Only)



CDSL VENTURES LIMITED
Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters
 Fields marked * are mandatory
 Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:
 Application Type: Without Supporting KYC Modification

KYC Mode*: Please Tick (✓)
 Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____

Name (same as ID proof) _____

Fathers/Spouse's Name _____

Marital Status Single Married



Recent passport size
 Applicant Photo

Cross Signature across photograph

2. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res) _____

3. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We may be held liable for it.
 I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
 I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)
 PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

4. For Office Use Only

In-Person Verification (IPV) carried out by*

IPV Date _____
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

Intermediary Details*

Self certified document copies received (OVD)
 True Copies of documents received (Attested)
 AMC / Intermediary Name :
MSB e-Trade Securities Limited

Employee Signature and Stamp

Institution Name and Stamp