

Reg. office : wz-310, Nangal Raya, Delhi Cantt New Delhi-110046

Common Account Modification Form

Date :- _____

DP ID 12074200

Trading Code : _____

CLIENT ID : _____

I / We request you to make the following additions / modifications / deletions in your records for my / our (Please Tick Relevant option) . Strike off unused modification options:

Trading Account Only Demat Account Only Both Demat & Trading Account

1. **Bank Detail :-** (Attach self attested Bank statement and Cancel Cheque)

Note : In Demat Account - Only one Bank Account can exist. In Trading Account - More than one Bank account can be mapped.

ACCOUNT TYPE	Saving / Current / NRI / OD / Others		
BANK ACCOUNT NO.		MICR NO.	
BANK NAME & ADDRESS		IFSC CODE	

2. **Demat Account addition to Trading Account** (Attach self attested Client Master Copy / Latest Demat Holding)

DP ID								CLIENT ID							

3. **Email ID :** _____

SMS Alert facility refer to Terms & Conditions Give as Annexure 2.4

I hereby declare that the aforesaid E-mail ID belongs to

ME	
MY FAMILY	
SPOUSE	
DEPENDENT CHILDREN	
DEPENDENT PARENT	

4. Mobile No. _____

I hereby declare that the aforesaid Mobile Number belongs to My family>(*Family includes spouse, dependent children and dependent parents, Authorized Signatory for Non-Individual)

ME	
MY FAMILY	
SPOUSE	
DEPENDENT CHILDREN	
DEPENDENT PARENT	

5. Other Details (Address etc.)

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.

Details to be Change	Addition / Modification Deletion (Please specify)	Existing Details	New Details
(Please specify change of Correspondence/Permanent Address Bank Details, Telephone Number, Sub-Status etc).			

6. UID NUMBER : _____

7. OCCUPATION (Please tick):

PRIVATE SECTOR		PUBLIC SECTOR		GOVERNMENT SERVICE	
BUSINESS		HOUSEWIFE		OTHERS (Please specify)	

8. Gross Annual Income details(Please tick) :

Below 1 Lac		1 To 5 Lac		5 To 10 Lac		10 To 25 Lac		Above 25 Lac	
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	First / Sole Holder	Second Holder	Third Holder
Name			
Client Signature			

NOMINATION FORM

Vishwas Fincap Services Pvt Ltd Add: wz-310, Nangal Raya, Delhi Cantt New Delhi-110046		FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)					
Date		UCC/DP ID	12074200	Client ID			
Client Code:							
I/We wish to make a nomination. [As per details given below]							
Nomination Details							
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.							
Nomination can be made upto three nominees in the account.		Details of 1st Nominee		Details of 2nd Nominee		Details of 3rd Nominee	
1	Name of the nominee(s) (Mr./Ms.)						
2	Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%		
Any odd lot after division shall be transferred to the first nominee mentioned in the form.							
3	Relationship With the Applicant(If Any)						
4	Address of Nominee(s) City / Place: State & Country:						
		PIN Code					
5	Mobile / Telephone No. of nominee(s) #						
6	Email ID of nominee(s) #						
7	Nominee Identification details # [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Demat Account ID						
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:							
8	Date of Birth {in case of minor nominee(s)}						

9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }				
10	Address of Guardian(s)				
	City / Place: State & Country:				
	PIN Code				
11	Mobile / Telephone no. of Guardian #				
12	Email ID of Guardian #				
13	Relationship of Guardian with nominee				
14	Guardian Identification details # [Please tick any one of following and provide details of same] Photograph & Signature PAN account no. Proof of Identity Demat Account ID				
Name(s) of holder(s)					Signature(s) of holder*
Sole / First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)