## ASHLAR SECURITIES PVT LTD (DEPOSITORY PARTICIPANT:NSDL, DP ID:IN303921)

Regd. Office: A-38, Sector-67, Noida-201301Ph.: 0120-2472200,6633200, FAX-0120-2472222, Website : www.ashlarindia.com

## Sub.: Application for Change in Client Master (To be Filled in CAPITAL letters only)

Dear Sir,				-			_													_			
Please make necessary change/add in my / our client account as per details given below, (please tick appropriate option to make necessary changes)         CHANGE TO BE EFFECTED IN :       Trading Account       Demat Account       Both																							
	) IN :		Irad	ing Ac	count			<b></b>		mat Acc				Во		1							
Demat Account No.											Tradi	ng Acco	unt			D	ATE						
Name of 1st/Sole Holder																							
Name of 2nd Holder																							
Name of 3r																							
									IANT	/LOC/	AL AD	DRESS (Proof Required) NEW ADDRESS											
Address Line 1				OLD ADDRESS										IN	IEVV A	ADDR	E33						
Address Line 2																							
Address Line 3																							
City/Town/Village																							
State						Pin Co	ode		Τ			Pin Code											
CHANGE OF CORRESPONDENCE ADDRESS (Proof Required)																							
			OLD ADDRESS										NEW ADDRESS										
Address Line 1																							
Address Line 2																							
Address Line 3																							
City/Town/Village																			r				
State					Pin Co											Pin	Code	5					
				CH/	ANGE	OF MO	), DBILE	/PHO	í		O. & E	MAIL ID	(Proof	Not R	equire	ed)	r						
1st Holder		ile no							SMS				Tel. No Fax No.						· ,				
	Emai								<u>CMC</u>				Mode of receiving statement of account in electronic fo							orm			
2nd Holder	Emai	ile no							SMS			Tel. No     Fax No.       Mode of receiving statement of account in electronic form											
		ile no							SMS			Tel. No Fax No.							onn				
3rd Holder	Emai								51415			Mode of receiving statement of account in electroni							onic f	orm			
I/We hereby c			e afo	resaid	1 mot	nile no i	or E-m	ail ID	helo	ngs tr		le Or 🗌 my family (spouse, dependent children & depen											
parents)		. that th		resure	11100				beloi	iigs tt			ny ran	iiiy (5p	iouse,	ucpt	inder		urci	nat	repen	ucn	.5
. ,						C	HANG	E OF	BANK	K DET	AILS (	Proof rec	uired)	)									
Bank Name																							
Bank A/c NO.																							
Branch Addr	ess																						
					-									Pir	n Cod	e							
Bank Ac. type		Saving		][	Cur	rent			Other(PI Spec			ity)						<del></del>					
MICR						Details	/Dro.0	f to b	IFSC		o d							Def	io u la	0	ion		
DP ID									e sub	Jinnuu	ea	DP	NAM	E				Dei	aun	t Opt	ion		
Signature			<b>1</b> s	st Holder							2nd	Holder	lolder					3rd Holder					

 NOTE: 1. Please furnish proper proofs for change in master.
 2. Please submit the same in duplicate for acknowledgment.
 3. If changes are to be

 DP - then all holders as per DP A/c must sign the documents.
 4) Please provide supporting documents for Other Changes
 5. Please submit the same in duplicate for acknowledgment.
 3. If changes are to be

 For any Assistance you may kindly contact your request Ashlar Branch or Dial Customer Care at 0120-2472200, 6633200, write to care@ashlarindia.com,
 dp@ashlarindia.com