

**Form for Addition/Modification/Deletion in Client Details / KYC Form**

**KAPILA SECURITIES PVT LTD**

Member: NSE, MCX-SX

Date: \_\_\_\_\_

24/4866 Sheeltara House

Ansari Road, Darya Ganj

New Delhi - 110002

Tel: 011-23286949, 23281324

|              |               |
|--------------|---------------|
| Client Name: | Client Code : |
|--------------|---------------|

I/We request you to kindly change the mentioned client details in my registration form as per the given instruction and give effect to it. The relevant attached documentary proof is attached with this letter.

**1. CLIENT NAME**

| Old Name | Modified/ Change Name |
|----------|-----------------------|
|          |                       |

**2. PAN CARD MODIFICATION**

| Old PAN Card | New PAN Card |
|--------------|--------------|
|              |              |

**3. CLIENT ADDRESS**

|         | Old Address | New Address |
|---------|-------------|-------------|
| Address |             |             |
| City    |             |             |
| State   |             |             |
| PIN     |             |             |

**4. TELEPHONE/ MOBILE/EMAIL ADDRESS**

|            | Old Details | New Details |
|------------|-------------|-------------|
| Tel/Mobile |             |             |
| E-MAIL     |             |             |

**5. BANK DETAILS**

Addition

Modification

Deletion

|                 | Old Details | New Details |
|-----------------|-------------|-------------|
| Bank Name       |             |             |
| Bank Branch Add |             |             |
| Bank A/c No.    |             |             |
| A/c Type        |             |             |

**6. DEMAT DETAILS**

Addition

Modification

Deletion

|             | Old Details | New Details |
|-------------|-------------|-------------|
| DP Name     |             |             |
| DP ID       |             |             |
| B.O A/c No. |             |             |

**7. FINANCIAL STATUS**

| Income Range | Less Than 1 L | 1-05 Lacs | 05-10 Lacs | 10-25 Lacs | >25 Lacs |
|--------------|---------------|-----------|------------|------------|----------|
|              |               |           |            |            |          |

All the changes as requested above by me/us will be binding on us.

|                  |                                   |
|------------------|-----------------------------------|
| Client Signature | Authorized Signatory<br>Signature |
|------------------|-----------------------------------|

Address Modification: Ration Card/ Voter ID/ Driving License/ Passport/ Bank Statement/Passbook (not more than 3 Month old)/ Electricity Bill/ Landline Telephone Bill (not more than 3 Month old)

Bank Details Modification: Copy of Cancelled Cheque with Name Printed/ Bank Statement/Passbook

Demat Details Modification: DP Holding or DP Transaction Statement/Copy of Client Master with Name Printed