

APPLICATION FOR ADDITION/MODIFICATION OF ADDRESS/CONTACT NO./EMAIL ID/POA

(Please fill all the details in **BLOCK LETTERS** in English only)

Date: DD-MM-YYYY	DP ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Client ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Client Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UCC Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Account Holder(s) Details

Name of the First/Sole Holder:					
Name of the Second Holder:					
Name of the Third Holder:					
PAN No.:					
Proof of Identity for PAN Exempt cases <i>(Please tick anyone)</i>	a. Aadhar (UID) No.	b. Passport	c. Voter ID	d. Driving License	e. Others <i>(Please specify)</i>

I/We request you to make the following additions/modifications to my/our demat account in your records:

Please tick the details to be changed or updated <i>(add an Annexure in case of multiple addresses)</i>				
Change of address: <input type="checkbox"/>	Correspondence address <input type="checkbox"/>	Permanent address <input type="checkbox"/>	Both addresses <input type="checkbox"/>	Registered addresses <input type="checkbox"/>
Addition of address: <input type="checkbox"/>	Correspondence address <input type="checkbox"/>	Permanent address <input type="checkbox"/>	Both addresses <input type="checkbox"/>	Registered addresses <input type="checkbox"/>
Old address:		New address:		
Line 1		Line 1		
Line 2		Line 2		
Line 3		Line 3		
City:	State:	City:	State:	
Pin Code:	Country:	Pin Code:	Country:	
Landmark:		Landmark:		
Additional address <i>(add an Annexure in case of multiple addresses)</i>				
Line 1				
Line 2				
Line 3		City:		
Pincode:		State:		Country:
Please tick the details to be changed or updated <i>(add an Annexure in case of multiple contact nos.)</i>				

Change in contact details	Mobile No.: <input type="checkbox"/>	Tel/Landline: <input type="checkbox"/>	Email ID: <input type="checkbox"/>
Addition of contact details	Mobile No.: <input type="checkbox"/>	Tel/Landline: <input type="checkbox"/>	Email ID: <input type="checkbox"/>

Old contact details	New contact details
Mobile No.:	Mobile No.:
Tel/Landline No.:	Tel/Landline No.:
Email ID:	Email ID:

Additional contact details (add an Annexure in case of multiple addresses)

Mobile No.:	
Tel/Landline:	
Email ID:	

Please tick the details to be changed or updated (add an additional Annexure in case the given space is insufficient)

Change in Name	First Holder's name	Second Holder's name	Third Holder's name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for change in name	On account of marriage	Other reasons	Change in the name of father

	Holder Name as per Demat Account	New Name (as appearing in supporting identification document.)	PAN No.
First/Sole Holder:			
Second Holder:			
Third Holder:			

POA - Addion/Modification/Deletion (Please select)

POA	<input type="checkbox"/> Addion	<input type="checkbox"/> Modification	<input type="checkbox"/> Deletion
Details of POA			
Remarks			

Declaration

I/We do hereby solemnly hereby declare that the above details submitted by me/us are true to my/our knowledge.

	First/Sole Holder	Second Holder	Third Holder
Name:			
Signature:			
Date:			

Acknowledgement

Bajaj Financial Securities Limited
Unit 2, Tower B, Second Floor, Mantri IT Park, Opposite Inorbit Mall,
Nagar Road, Chandan Nagar, Pune, MH 411014
CDSL DP ID:
NSDL DP ID:

Received the application from Mr./Ms. [Mention name of sole/first holder] as the sole/first holder alongwith [Mention name of second holder] and [Mention name of third holder] as the second and third holders, respectively for change/ updation of Name/Address/Contact No./Email ID.

DP ID: _____

Client ID: _____

Received by: _____

Date: DD-MM-YYYY

Participant Stamp & Signature

Documents Checklist and Instructions:

1. Please submit the copy of Identity and Address Proof with self attestation as per details given below alongwith the "Original" for verification:

Proof of Identity (any one of the below):

- a) Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- b) PAN card with photograph.
- c) *Identity card issued by any of the following:*
Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

Proof of Address (any one of the below):

1. Passport/Voters Identity Card/Registered Lease or Sale Agreement of Residence/Driving License/Insurance Copy/Unique Identification Number (UID) (Aadhaar).
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook — Not more than 3 months old.
4. *Proof of address issued by any of the following:*
Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Government or Statutory Authority.
5. *Identity card/document with address, issued by any of the following:*
Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
6. For FII, Power of Attorney given by FII to the Custodians (which are duly notarised and/or apositiled or consularised) that gives the registered address should be taken.
7. The proof of address in the name of the spouse may be accepted.
8. GST registration certificate (if applicable).
9. Lease Deed/Property ownership deed duly stamped and registered.
10. Latest property tax or water tax paid receipt/bill raised.
11. Bank Account Statement/Passbook - Not more than 3 months old.
12. PAN intimation letter issued by IT authority. It must bear name, and address of the applicant. This should be accompanied by copy of the PAN card in the name of applicant.

2. In case of change in name on account of marriage, following documents shall be submitted:
 - a) Marriage Certificate
 - b) Copy of Passport showing husband's name
 - c) Publication of name change in official gazette
3. In case of name change for other reasons/change in father's name, then the publication of new name in the official gazette shall be submitted.
4. Exemptions/clarifications to PAN (Sufficient documentary evidence in support of such claims to be enclosed):
 - a) In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
 - b) Investors residing in the state of Sikkim.
 - c) UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
 - d) SIP of Mutual Funds upto Rs. 50,000/- p.a.
 - e) In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

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

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

Intermediary Details (Name and Stamp)*

