AASMAA SECURITIES PVT LTD

Registered & Correspondence office: 401/A&B, 6-3-352/2&3, 4th Floor, Astral Heights, Road No.1, Banjara Hills, Hyderabad -500 034
Ph: Tel: 040-42358888, 040-42358812 Website: www.aasmaasecurities.com

Account Details Addition / Modification / Deletion Request Form

☐ Trading & Demat ☐ Demat ☐ Trading

Inward No: _____ Date: _____

DP ID	1	2	0	8	0	5	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Name of Trading Account Holder																	
Trading UCC Code									PAN NO:								

Dear Sir/Madam,

I/We request you to make the following Additions / Modifications / Deletions to my / our Trading / Demat /Trading & Demat account in your records.

1.Bank & Dividend Details	Trading Account	Addition ☐ Modification ☐	Demat Account	Modification ☐
Bank Name & Branch			Bank Name & Branch	
A/c No				
A/c Type				
MICR (Mandatory for DP)				
IF SC Code				

2. POA – Addition / Deletion ☐	1	2	0	8	0	5	0	0								

3. a) Father / Spouse Name: b) Mother Name:	A) Gross Annual Income: □ Below 1 Lac □ 1-5 Lac □ 5-10 Lac □ 10-25 Lac □ >25Lacs
B) Marital status ☐ Single ☐ Married	C) Occupation: □ Private Sector Service □ Government Service □ Professional □ Business □ Agriculturist □ House wife □ Student □ Retired □ Others_____
D) Contact Details:	

Tel No:	Mobile	Old No :	D) PEP Status: ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person
		New No:	

Email ID:	Old Email :
	New Email:

4. DP Details for Trading A/c (other than AASMAA DP) Pay - in ☐ Pay – out ☐

5. I/We request you to update above given changes in the KRA also (KYC Verified / Registered cases only)

DP Name		DP ID								Client ID								
	First / Sole Holder	Second Holder	Third Holder
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Signature* (As per DP)			

* To be signed by Authorised signatories with rubber stamp for other than individuals

Any one Proof required from the following list (Self Attested):

Bank details: - Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than four months with cancelled cheque.

DP details: - Latest transaction statement/holding statement/CML copy.

For Office Use only

Maker	Checker

Documents Checked By Staff Name: Designation: Name of the organization: ASPL / ACPL Signature: Date:	HO Received Stamp