

## Contact Details:

### PRE-CHECK

Following pre-check to be done before sending the requests for modification in contact details [Trading and DP accounts (CDSL/NSDL)] to enable us to process the requests expeditiously and to avoid possible rejections.

1. Correspondence address should be in the name of client only, if it's in the name of Spouse, relationship proof is must (for e.g. Passport, Marriage Certificate) which should contain the name of your spouse.
2. If the address proof provided contains short address or old Land Mark which does not exist anymore, you can always mention famous Land Mark nearby (for e.g. above, next to, opposite to, behind etc) it will help us to deliver the correspondence to you on time.
3. Permanent address should not begin with C/o, Hostel, Shop; Office & It should be in the name of the Client only.
4. Supporting documents should be self attested (whether provided in original or photocopy)
5. Validity of supporting documents.-For e.g. bill should not be more than 3 months old (From billing date), & Documents having validity date should not be within 6 months of the expiry Date.
6. All holders are required to sign the modification request form.
7. Signatures of all the holders should match with SSL records.
8. Mobile no should be in 10 digits, Mention STD or ISD code (Whichever applicable) while mentioning the contact no.
9. Mobile No provided should not be registered in **DO NOT CALL** List

**(To be submitted in Duplicate)**



To,

**SBICAP Securities Ltd.**

12th Floor, "A & B " Wing, Marathon Futurex,  
N. M. Joshi Marg, Lower Parel (E), Mumbai- 400013.  
Tel.: 022 - 43487240 / 41

Client Name \_\_\_\_\_

Contact No. \_\_\_\_\_

Submission Date: 

D	D	M	M	Y	Y	Y	Y
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CDSL |  NSDL

**Re: Change in Address and Contact Details**

Dear Sir/Madam,

Please make necessary change/s / addition in my / our account/s as per details given below. (Please tick appropriate option to make necessary changes)

<b>CHANGE TO BE EFFECTED IN:</b>	Trading Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Trading + Depository Account <input type="checkbox"/>	KRA* <input type="checkbox"/>																																
Trading Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	BO ID: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
Name of 1st Holder _____																																				
Name of 2nd Holder _____																																				
Name of 3rd Holder _____																																				

**CORRESPONDENCE ADDRESS OF HOLDER**

Existing Details	New Details
Building / Tower / Apartment / Palace / Chamber / Mansion _____	Building / Tower / Apartment / Palace / Chamber / Mansion _____
Street / Road / Marg / Lane / Avenue / Rasta _____	Street / Road / Marg / Lane / Avenue / Rasta _____
City / District _____	City / District _____
State / Country _____	State / Country _____
Pincode (Mandatory) _____	Pincode (Mandatory) _____

**PERMANENT ADDRESS OF HOLDER**

Existing Details	New Details
Building / Tower / Apartment / Palace / Chamber / Mansion _____	Building / Tower / Apartment / Palace / Chamber / Mansion _____
Street / Road / Marg / Lane / Avenue / Rasta _____	Street / Road / Marg / Lane / Avenue / Rasta _____
City / District _____	City / District _____
State / Country _____	State / Country _____
Pincode (Mandatory) _____	Pincode (Mandatory) _____

**CONTACT DETAILS OF HOLDER**

Existing Details	New Details
Telephone: _____	Telephone: _____
Mobile : _____	Mobile : _____
Email Id : _____	Email Id : _____

**Note: 1. Please furnish proper proofs for change in master. 2. If changes are to be done in DP - then all holder as per DP A/c must sign the documents.**

**I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein immediately in writing.**

Holder Signature			
Holder's Name			

For Office Use Only	Demat	Trading	BRANCH STAMP	HO STAMP
Scrutiny By Name EMP Code				
Data Entered By				
Verified By				
Reference No.				

\* Please fill KRA modification form separately for updating in KRA Agency.

- For any Assistance you may kindly contact your request SSL Branch or Dial Customer Care at our Toll Free: MTNL/BSNL Users: 1800-22-3345
- Private Telecom Users: 1800-209-9345 write to us helpdesk@sbicapsec.com
- Compliance Officer - Mrs. Dhanashree Kenkre - Email: complaints@sbicapsec.com Contact No.022-42273301

CIN: U65999MH2005PLC155485SEBI | Sebi Regd. No.: NSE Capital Market: INB 231052938 | NSE Derivatives: INF 231052938 | NSE Currency Derivatives: INE 231052938

BSE Capital Market: INB 011053031 | Research Analyst : INH000000602, CDSL: IN-DP-CDSL-370-2006 | NSDL: IN-DP-NSDL-369-2014 | IRDA/IR2/2014/241 | IRDA : SGB 9879816 | IRDA : SLI 9879816