

ISF SECURITIES LTD.

Member : NSE, BSE & USE • Depository Participant - CDSL

SEBI Regn. No.: NSE (Cash) INB 230876338, (F&O) INF 230876338, (Currency) INF 230876338

BSE (Cash) INB 011465235, (F&O) INF 011465235

USE (Currency) INE 270876332

CDSL Regn. No. IN-DP-CDSL-647-2001, DP ID : 12073300

Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

Phone No.: 011-43500300 • Fax : 011-43500314

E-mail : contactus@isfsecurities.com

Web : www.isfsecurities.com

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No. _____

Date : _____

Account Holder's Details

Please fill all the details in BLOCK Letters in English. Please mark (✓) on the appropriate column.

DP ID	1	2	0	7	3	3	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 KYC Code								Branch			Sub-Broker							

Dear Sir / Madam,

I / We request you to make the following additions / modification / deletions to my / our Trading and Demat account in your records.

Bank & Dividend Details	Existing Details	New Details
Addition <input type="checkbox"/>	Bank Name & Branch :	Bank Name & Branch :
Deletion <input type="checkbox"/>	A/c No.:	A/c No.:
Modification <input type="checkbox"/>	A/c Type :	A/c Type :
	MICR (Mandatory for DP)	MICR (Mandatory for DP)
Address Details	Address :	Address :
Addition <input type="checkbox"/>		
Deletion <input type="checkbox"/>	City : State :	City : State :
Modification <input type="checkbox"/>	Country : Pin Code :	Country : Pin Code :
Correspondence <input type="checkbox"/>	Tel. No.: Mob.:	Tel. No.: Mob.:
Permanent <input type="checkbox"/>	Email ID :	Email ID :

DP Details for Trading A/c	<input type="checkbox"/> Pay - in <input type="checkbox"/> Pay out	<input type="checkbox"/> Pay - in <input type="checkbox"/> Pay out
Addition <input type="checkbox"/>	DP Name :	DP Name :
Deletion <input type="checkbox"/>	DP ID :	DP ID :
Modification <input type="checkbox"/>	Client ID :	Client ID :

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

Name of Client : _____

Any one Proof Required from the following list (Self attested) :

Signature of Client
(As per Trading Account)

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.

Address Details : Copy of Ratio card, Passport, Voter ID Card, Driving licence, Bank passbook, Electricity bill (not more than two months), Telephone bill - Land line (not more than two months).

For Office Use Only

Maker	Checker

Branch Receiving Stamp

HO Receiving Stamp

Acknowledgement Receipt

Application No. _____

Date : _____

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification :

DP ID	1	2	0	7	3	3	0	0	Client ID									Trading KYC Code :
Name of the First/Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

Depository Participant Seal and Signature