Angel Broking™
Service Truly Personalized

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Angel Broking Ltd : BSE Sebi Regn No : INB 010996539 / CDSL Regn No: IN - DP - CDSL - 234 - 2004 / Angel Capital & Debt Market Ltd: INB 231279838 / NSE FNO: INF 231279838 / NSE Member Code: 12798 / Angel Commodities Broking (P) Ltd: MCX Member ID: 12685 / FMC Regn No: MCX / TCM / CORP / 0037 / NCDEX : Member ID 00220 / FMC Regn No: NCDEX / TCM / CORP / 0302

CDSL DP ID:12033200

PMS- Account Details Addition / Modification / Deletion Request Form

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	3	3	2	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 / modifications / deletions to my / our Trading and Demat account in your records.

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

DP Details for Trading A/c	☐ Pay - in ☐ Payout	☐ Pay - in ☐ Payout
Addition ☐ Deletion ☐ Modification ☐	DP Name:	DP Name :
	DP ID:	DP ID
	Client ID:	Client ID:

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

Name of client : _____

_____
Signature of Client
(As per Trading account)

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.

Address details : - Copy of Ration card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill (not more than two months), Telephone bill - Land line (not more than two months).

Acknowledgement Receipt

Application No:_____ Date: _____

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

DP ID	1	2	0	3	3	2	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