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ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

UCC	Date(dd/mm/yyyy)
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Please fill all the details in Block Letters in English

DP ID	1	2	0	8	1	8	0	Client ID												
PAN								Aadhaar No.												

Account Holder's details

Name of First / Sole Holder																				
Name of Second Holder																				
Name of Third Holder																				
<input type="checkbox"/> *Change in Address	<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Permanent Address														
<input type="checkbox"/> *Change of Name																				
<input type="checkbox"/> *Change of PAN Number																				
<input type="checkbox"/> *Change of DOB	Date(dd/mm/yyyy)																			
<input type="checkbox"/> *Change of Bank Details	<input type="checkbox"/> *Change of Signature																			
<input type="checkbox"/> *Change of Mobile No. / Landline No.	<input type="checkbox"/> Change of Email ID																			

Existing Correspondence Address : _____
 _____ Pincode: _____
 State: _____ City: _____
 Old Email: _____
 Old Mobile: _____

Existing Permanent Address : _____
 _____ Pincode: _____
 State: _____ City: _____
 Old Email: _____
 Old Mobile: _____

New Correspondence and Permanent Address : _____
 _____ Pincode: _____
 State: _____ City: _____
 New Email: _____
 New Mobile: _____

Details (Please Specify changes Of Bank details, Signature, Gender, Nominee (Please Specify Details)	Action Type (Please Specify)	Existing Details	New Details
	<input type="checkbox"/> Deletion <input type="checkbox"/> Addition <input type="checkbox"/> Modification		

Attach an Annexure (with signature(s)) if the space above is found insufficient.

Proof of address to be provided by applicant. Please submit ANY ONE of the following valid documents & TICK against the document attached
 Passport Driving Licence Voter Identity Card Aadhaar Card
 Note: 1) **Pan Card copy is compulsory with a Request.** 2) The provided Address proof i.e. Passport & Driving License must be within the validity period.
 3) Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

Proof of Identity submitted for PAN exempt cases. Please tick.
 Aadhaar Card Passport Voter ID Driving Licence Others _____

Declaration

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 the entire account modification form along with supporting documents as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

	First / Sole Holder	Second Holder	Third Holder
Name			
Client's Signature			
PLACE:	DATE (DD/MM/YYYY) <input type="text"/>		

FOR OFFICE USE ONLY	
AMC/Intermediary name OR code	IPV Done <input type="checkbox"/> on (dd/mm/yyyy) <input type="text"/>
<input type="checkbox"/> (Originals verified) True copies of documents received	Seal/Stamp of the intermediary should contain Staff Name, Designation, Name of the Organization, Signature, Date
<input type="checkbox"/> (Attested) True copies of documents received Main Intermediary	
Maker (DD/MM/YYYY) <input type="text"/>	Checker (DD/MM/YYYY) <input type="text"/>

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

UCC	Date (dd/mm/yyyy)										Client ID	
DP ID	1	2	0	8	1	8						
Name of First / Sole Holder												
Name of Second Holder												
Name of Third Holder												
Modification requested for:												