



APPLICATION FOR ACCOUNT DETAILS

ADDITION / MODIFICATION / DELETION

104-Southex Centre, 273-Masjid Moth, NDSE-II, New Delhi-110049. | ☎: 011-40521466-68 | Email: dp@timecapital.in | Web: www.timecapital.in

DEMAT A/c No.: _____ DPID-IN300923 UCI/Trading A/c No.: _____ MEMBER CODE: 07718

Please fill all the details in **BLOCK** Letters in **ENGLISH**. Please mark on the appropriate column: Dated : ___/___/___

First/Sole Holder Name:			
Second Holder Name:		Third Holder Name:	
Trading A/c Holder Name:			

To, **TIME CAPITAL LTD., 104-Southex Centre, 273-Masjid Moth, NDSE-II, New Delhi – 110049.**
Dear Sir/Madam, I/We request you to make the following Addition/Modification/Deletion to my/our Trading and Demat (DP) account in your records.

ADDRESS Modification: Correspondence Permanent (Permanent address modification done only in (DP)) Registered Address (only for non-individual)

Existing/Old Details				New Details (to be update)			
Address:				Address:			
City/town/village:				City/town/village:			
PinCode:				Pin Code:			
State:		Country:		State:		Country:	

*Documents Required: Ration Card, Passport, Voter Id, Driving License, Bank Passbook/Statement (not older than 4 months) Electricity/Telephone Bill (not more than 3 month), Leave & License Agreement/Agreement for sale, Govt. Proof, Other (please specify) _____

BANK Details: Addition Modification Deletion

Existing/Old Details				New Details (to be update)			
Bank Name:				Bank Name:			
Branch/Address:				Branch/Address:			
Account No.:		A/c type:		Account No.:		A/c type:	
IFSC Code (mandatory):				IFSC Code (mandatory):			
MICR Code:				MICR Code: <input type="checkbox"/> Default for Trading			

*Document Required: Cancelled cheque leaf with Holder Name print & Bank/Passbook Statement (if name on leaf is not printed)

CONTACT Details: Addition Modification Deletion

Existing/Old Details			New Details (to be update)		
Mobile No.:	Tel No.(R):	(O):	*Mobile No.:	Tel No.(R):	(Off):
Email ID:			*Email ID:		
Client Option to receive e-Statements : <input type="checkbox"/> Yes <input type="checkbox"/> NO			Client Option to receive e-Statements : <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Receive Annual Reports, AGM notices and other communications from Issuers & RTAs in the form :			<input type="checkbox"/> Electronically <input type="checkbox"/> Physically		

*Change of Email ID shall automatically change email id for ECN and other confirmation/communication.

Please specify the new mobile no. registered in the name of (Mr./Mrs.) _____

Request to update POA Financial details Segment Occupation Status Others (Please specify) _____

Existing/Old Details		New Details (to be update)	
POA	<input type="checkbox"/> Enable <input type="checkbox"/> Disable	<input type="checkbox"/> Enable	<input type="checkbox"/> Disable
Financial Details	<input type="checkbox"/> Up to 1,00,000 <input type="checkbox"/> 100,001-5,00,000 <input type="checkbox"/> 5,00,001-10,00,000 <input type="checkbox"/> 10,00,001- 25,00,000 <input type="checkbox"/> 25,00,001-1 Crore <input type="checkbox"/> more than 1 Cr.	<input type="checkbox"/> Up to 1,00,000 <input type="checkbox"/> 100,001-5,00,000 <input type="checkbox"/> 5,00,001-10,00,000 <input type="checkbox"/> 10,00,001-25,00,000 <input type="checkbox"/> 25,00,001-1 Crore <input type="checkbox"/> more than 1 Crore.	
Segment	<input type="checkbox"/> NSE-CASH <input type="checkbox"/> NSE-F&O <input type="checkbox"/> DP	<input type="checkbox"/> NSE-CASH <input type="checkbox"/> NSE-F&O <input type="checkbox"/> DP	
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Others	
Status	<input type="checkbox"/> Private Ltd. Co <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Trust/ Charities/ NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> NGO <input type="checkbox"/> LLP <input type="checkbox"/> Defence establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> Others	<input type="checkbox"/> Private Ltd. Co <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Trust/ Charities/ NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> NGO <input type="checkbox"/> LLP <input type="checkbox"/> Defence establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> Others	
Others			

To activation in F&O segment, please submit your income proof (not older than 6 months)

*Note: All Proof(s) required to be self attested from all the holders.

DECLARATION

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. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/am/We may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

SIGNATURE(s) :



First/Sole Holder

Second Holder

Third Holder

Please note that the said Modification Form and overleaf instructions should be printed on the same page (back to back)

Acknowledgement Receipt

UCI/Trading code: _____ (Trading Member code: 07718) / Demat A/c No. _____ (DPID-IN300923) Dated : ___/___/___

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

Name	First/Sole Holder	Second Holder	Third Holder
Signature*			

Modification request for (specify reason): _____

for **TIME CAPITAL LTD.**
(DP / KYC Seal & Signature)

INSTRUCTIONS/CHECK LIST FOR FILLING MODIFICATION FORM

1. Self attested copy of PAN card is mandatory for all clients in all type of change request.
2. Copies of all the documents submitted by the applicant should be self –attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mention list.
3. If any proof of address is in other language, then translation in to English is required.
4. Name & Address of the applicant mentioned on the Modification form, should match with documentary proof submitted.
5. Documents having an expiry date should be valid on the date of submission.
6. Account modification form duly signed by all the account holders.
7. DP should obtain proof of address of the first holder.
8. The following Government Proof is consider as a address proof while giving for modifying address details:
 - a) Central/State Government and its Departments.
 - b) Statutory / Regulatory Authorities.
 - c) Public Sector Undertakings.
 - d) Scheduled Commercial Banks.
 - e) Public Financial Institutions
 - f) Colleges affiliated to universities.
 - g) Professional Bodies such as ICAI, ICWAI, ICSI, BAR Council etc., to their members.
9. The following modification details mentioned other details option:
 - i. New Marital
 - ii. New nationality
 - iii. New Status (Resident Individual/Non Resident)
 - iv. Net-worth
 - v. Name, PAN, DIN/UID, residential address and photographs of Promoters / Partners / Karta / Trustees / Whole time directors
(Please use the annexure to fill in the details)