

FORM FOR ADDITION / MODIFICATION IN CLIENTS DETAILS / KYC FORM

NSE Cash / NSE F&O / NSE Currency / NSE MFSS

To,
Crown Consultants (P) Ltd.
G6/7, Amit Indl. Estate,
Ground Floor,Near Gandhi Hospital,
Dr. S.S. Rao Raod, Parel (E), Mumbai- 400 012.
Tel No;- 40690701 / 730.

Date:_____ Clients Name:_____ Code No._____

SUBJECTS TO : MODIFICATION IN CLIENT DETAILS

We request you to kindly change the mentioned client details in my client registration form as per the given instruction and give effect to it. The relevant attested documentary proofs are attached with the latter.

1. CLIENT ADDRESS

	Old Address	New Address
House No- Street		
Building / Society / Scheme		
Road		
Area/ Village		
City/ District & Pin Code		

Please attach any one of 1. Ration Card 2. Pass Port 3. Votar ID 4. Driving Licence 5. Bank Passbook 6. Verified copies of –(a) Electricity Bills (Not more than two months old) (b) Residence Telephone Bills (Not More than two months old)and (c) Leave and licence agreement / agreement for sale 7. Self declaration by High Court & Supreme Court and Supreme Court Judges given the new address in respect of their own accounts. 8. Identity Card / Document with address issued by (a) Central / State government and its departments (b) Statutory / Regulatory Authorities (C) Public Sector undertaking (d) Scheduled / commercial banks (e) Public Financial Institutes (f) Colleges affiliated to Universities and (g) Professional bodies such as ICAI , ICWA, Bar Council etc to their members

2. BANK DETAILS

Tick ☐ in case of any application

	Old Details	New Details1	New Details 2
MICR Code			
Bank Name			
Bank Branch Name			
Bank Account no.			
Bank Account Type			

Pleas attach the copy of passbook and original canceled or photo copy of cheque.

3. DEMAT DETAILS

Tick ☐ in case of any application

	Old Details	New Details
Client Name		
Client ID		
DP ID		
DP Name		

Please attach the certified copy of Client Master of New Demat Account. (If More than one D.PP) additional Details on Back Side of the Form

4 BROKERAGE SCHEME

Old Scheme:_____New Scheme :

	1 st Leg		2 nd Leg (Same Day)	
	%age	Min	%age	Min
Trading				
Delivery				

5. TELEPHONE / MOBILE : New No : _____

6. EMIAL ADDRESS: Old E- mail :_____ New E-mail : _____

7. INTIMATION OF NEWLY ALLOTED PAN CARD OR MAPIN

PAN:_____ UIN / MAPIN : _____

All the changes as requested above by me /us will binding on us.

Client Signature

Verified & Received by

Note: Attach the zerox copy with signature is must.

Date : **ACKNOWLEDGEMENT RECEIPT** Application No.

We hereby acknowledge the receipt of the account opening application form.
Client Name :
Client Address :
<input type="checkbox"/> Client Address <input type="checkbox"/> Bank Details <input type="checkbox"/> Demat Details <input type="checkbox"/> E-mail Address <input type="checkbox"/> PAN & MAPIN <input type="checkbox"/> Others

Note: Incomplete / Incorrect Information provided in the form the Account Process may go slow/liable for rejection. Note: Please check your bill and contracts on your mail ID regulatory