## **MUDRA RTA VENTURES PRIVATE LIMITED**

Registered Office: B-177,3rd Floor,DDA Shed, Okhla Industrial Area,Phase-1,New Delhi-110020.

Phone: +91-11-35893855 • E-mail: admin@mudrarta.com.

## REQUEST FOR UPDATION OF DEMAT / TRADING ACCOUNT PARTICULARS

		Date :														
l/We_								_an	d							
and																
# Client ID :							(For Depository A/c)									
# Client Code :																
	Change of Address :								. 0	anig /	u 0)					
	e attach Self attested p		entity a	nd Proc	of of n	ew addr	ess in th	e for	m of cop	y of ar	ny of th	e docur	nents	s liste	d on re	everse
Present Address							New Address									
	Change of Bank Deta		uuo of b	ank ac	oount											
1	Bank Account Type		led cheque of bank account.  Savings Account Current						at Account Others (Please specify)							
2	Bank Account Number	547	January January						2	, , , , , , ,		,,				
3	Bank Name															
4	Branch Address															
		City/T	City/Town/Village					Pin C			ode			$\Box$	T	T
		State				_			Coun	itry						
5 6	MICR Code IFSC										-	ī	1			
My E	Me or My farmail Id is_ bby declare that the armail Me or My farmail My farma	foresaid	E-mail	ld belo	ngs											
(*Plea	our UID is_ se furnish copy of self-atte de of receiving State er Notes of receiving S	ested Aadh ment of A	ar Card	of all th	e Hole	ders).					Phy	/sical F	orm			
Gro Deta	ss Annual Income ails	Up to Rs. 1,00,000 Rs. 1, Rs. 10,00,000 to Rs. 25,00,000						00,000 to Rs. 5,00,000  Rs. 25,00,000 to Rs. 1 Crore				Rs. 5,00,000 to Rs. 10,00,000 e More than Rs. 1 Crore				
(Inc	ome Range per um)	Net worth as on (Date) (Net Worth sho						uld not be older than 1 year)				Rs.				
0	ccupation	Priva	_	olic Sect		Gove	rnment Student	ervice		Busine	ss	Profes			] Agri	culture
<b>&amp;</b>	(Sign. 1 <sup>st</sup> Holder)			<b>&amp;</b>	(S	ign. 2 <sup>nd</sup> l	Holder)		_		<b>8</b>	(Sic	an. 3°	<sup>d</sup> Holo	der)	

Notes: For receiving Statement of Account in Electronic Form:

- The Client(s) is/are aware that is will not receive the transaction statements in paper form.
   Client must ensure the confidentially of the password of the email account.
   Client must promptly inform the Participant if the email address has changed.
   Client may opt to terminate this facility by giving 10 days prior notice.
   Attach proof for required updation. Without proof request will not be processed.
   Supporting proof to be self attested by the client.

- 7. Updation to be processed on receipt of Form at Registered Office.