Account Details Addition/Modification / Deletion Request Form							B/O Ref. No Date:					
PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please tick mark on the appropriate column												
Narnolia Financial Advisors Ltd., 27 MIDC, 101/102, Road NO.17 MIDC, Andheri (E), Mumbai - 400093.										0093.		
Marble Arch, 2nd Floor, Office 201, 236B, A. J. C. Bose Road, Kolkata - 700020;  1. I/We hereby request you to make the following changes in my/our account details in your records.												
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1. Change of Address 2. Change of Bank 3. Updation of Aadhar No. 4. Change of Contact Details 5. Updation of Family Flag 6. Change of Demat Account. (Only Trading A/C) 7. Updation of Income Details 8. Other												
Details Changes												
NSDL DP ID:	N 3	0 2 9 7 8 Client ID:										
CDSL DP ID: 1	2 0	5 3 0 0	0 0 Client ID:					Т		$\overline{}$		
	Client Code:									1		
1. Below mentioned Address	s Change	s will be updated	•	&CKYC Re	cords.	(CKY	'C form	mplic	able fo	r		
individual & should be submitted				terre in				PPIN	ante io			
Address Details	Address	Existing	Details	Address:	N	ew L	Details					
	Address			Audress :						-		
Correspondence												
Address										$\longrightarrow$		
	City:		Pin code :	City: Address:			Pin co	de :		-		
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Permanent Address												
	City	C'U			City: Pin code:					-		
	City:		Pin code :	City:			rince	ue:				
2. Bank Details Addition / Modification / Updation in Demat & Trading A/C:												
Bank Details												
			isting Details			Vew	Details	3				
Bank Details Trading:-		Bank Name:	•	Bank Na	me :		Details	3				
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Trading:-  Add New as a Prima (This bank will be updated as of for PAYOUT)	default bank	Bank Name : Bank Address :		Bank Ad	me : dress :					0/0		
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5. Family Flag Updation in	Demat & Tra	ding A/C:							
Mobile No	ar	nd Email ID_							
Option to receive e- Sta	tement Flag	Enable							
I /We regularly receive contra aware about all my/our trans relating to my/our above men	actions. I/We	e hereby request you	to please se	nd the contract n	otes and other de				
				(In case of Jo	int Demat Accou	ınt)			
First		/Sole Holder	Second Holder		Thi	Third Holder			
Please Tick any One for Each Holder		My Family Member #	☐ Me	My Family Member #	☐ Me	My Family Member #			
Holder (s) Name	Holder (s) Name								
#—Spouse, Dependent Children a (I) Client must ensure the confidentialit (iii) Client may opt to terminate this facili  6. Change of Demat Account	y of Password of th ty by giving 10 day	ne email account. (ii) Client: s prior notice. Similarly part	icipant may termi						
Primary DP Nan	ne :	Tor Truming 741 On							
DP ID : Secondary DP Nam				Client ID:					
DP ID:				Client ID :					
*Attached DP client master list with o									
7. Please update my/our and									
Annual Income Upto 1 Lac									
** Mandatory incase of non-individed 8. Others Details Update/	fual		Sheet/Net wor	th Certificate)					
Particulars		Details Updates/ Modify							
Holder(s)		Name			Signature	(s)			
Sole/1st Holder									
2nd Holder									
3rd Holder									
For office use only:									
Signature Maker Verified	Checker			DP 8	Stamp & Date				
Instruction No	Date of Instru	uction	_						