

# ISF SECURITIES LTD.

Member : NSE (Capital, F&O and Currency Derivative Segment)

BSE (Capital and F&O Segment)

SEBI Regn. No.: INZ000211738

Depository Participant - CDSL

CDSL Regn. No. IN-DP-320-2017 • DP ID : 12073300



Regd. & Corp. Office : 5A/4B, Ansari Road

Darya Ganj, New Delhi-110002

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Web : www.moneyisle.in

## ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No. \_\_\_\_\_

Date : \_\_\_\_\_

### Account Holder's Details

Please fill all the details in BLOCK Letters in English. Please mark (✓) on the appropriate column.

DP ID	1	2	0	7	3	3	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Name of Trading Account Holder																	
Trading KYC Code							Branch			Sub-Broker							

Dear Sir / Madam,

I / We request you to make the following additions / modification / deletions to my / our Trading and Demat account in your records.

Bank & Dividend Details	Existing Details	New Details
Addition <input type="checkbox"/>	Bank Name & Branch :	Bank Name & Branch :
Deletion <input type="checkbox"/>	A/c No.:	A/c No.:
Modification <input type="checkbox"/>	A/c Type :	A/c Type :
	MICR (Mandatory for DP)	MICR (Mandatory for DP)

Address Details	Address :	Address :
Addition <input type="checkbox"/>		
Deletion <input type="checkbox"/>	City : State :	City : State :
Modification <input type="checkbox"/>	Country : Pin Code :	Country : Pin Code :
Correspondence <input type="checkbox"/>	Tel. No.: Mob.:	Tel. No.: Mob.:
Permanent <input type="checkbox"/>	Email ID :	Email ID :

DP Details for Trading A/c	<input type="checkbox"/> Pay - in <input type="checkbox"/> Pay out	<input type="checkbox"/> Pay - in <input type="checkbox"/> Pay out
Addition <input type="checkbox"/>	DP Name :	DP Name :
Deletion <input type="checkbox"/>	DP ID :	DP ID :
Modification <input type="checkbox"/>	Client ID :	Client ID :

	First / Sole Holder	Second Holder	Third Holder
Signature* (As per DP)			

Name of Client : \_\_\_\_\_

Any one Proof Required from the following list (Self attested) :

Signature of Client  
(As per Trading Account)

**Bank Details :** Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than four months with cancelled cheque.

**Address Details :** Copy of Ratio card, Passport, Voter ID Card, Driving licence, Bank passbook, Electricity bill (not more than two months), Telephone bill - Land line (not more than two months).

### For Office Use Only

Maker	Checker

Branch Receiving Stamp

HO Receiving Stamp

### Acknowledgement Receipt

Application No. \_\_\_\_\_

Date : \_\_\_\_\_

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification :

DP ID	1	2	0	7	3	3	0	0	Client ID								Trading KYC Code :
Name of the First/Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Depository Participant Seal and Signature