

Registered Office: 809, New Delhi House, Barakhamba Road, Connaught Place, New Delhi, 110 001

Correspondence Office: Upstox Securities Private Ltd, 1213, 12th Floor, The Summit Business Bay Off, Andheri Kurla Road, Near W.E. Metro Station, Behind Guru Nanak Petrol Pump, Andheri (E), Mumbai - 400093

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ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

UCC											Current Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

BO ID	1	2	0	8	1	8	0											
PAN																		
Aadhaar No.																		

Account Holder's details (Please fill in only the details that need to be changed)

Existing name of First / Sole Holder																			
Existing name of Second Holder																			
Existing name of Third Holder																			
<input type="checkbox"/> *Change in Address		<input type="checkbox"/> Correspondence Address										<input type="checkbox"/> Permanent Address							
<input type="checkbox"/> *Change of Name (New name)																			
<input type="checkbox"/> *Change of PAN Number																			
<input type="checkbox"/> *Change of Date Of Birth (New DOB)		DOB (dd/mm/yyyy)										D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> *Change of Bank Details										<input type="checkbox"/> *Change of Signature									
<input type="checkbox"/> *Change of Mobile No. / Landline No.										<input type="checkbox"/> Change of Email ID									

Existing Correspondence Address : _____

State: _____ City: _____ Country: _____ Pincode: _____

Old Email: _____

Old Mobile: _____

Existing Permanent Address : _____

State: _____ City: _____ Country: _____ Pincode: _____

Old Email: _____

Old Mobile: _____

New Correspondence and Permanent Address : _____

State: _____ City: _____ Country: _____ Pincode: _____

New Email: _____

New Mobile: _____

Details (Please Specify changes Of Bank details, Signature, Gender, Nominee (Please Specify Details))	Action Type (Please Specify)	Existing Details	New Details
	<input type="checkbox"/> Deletion <input type="checkbox"/> Addition <input type="checkbox"/> Modification		

Attach an Annexure (with signature(s)) if the space above is found insufficient.

Proof of address to be provided by applicant. Please submit ANY ONE of the following valid documents & TICK against the document attached

☐ Passport ☐ Driving Licence ☐ Voter Identity Card ☐ Aadhaar Card

Note: 1) **Pan Card copy is compulsory with a Request.** 2) The provided Address proof i.e. Passport & Driving License must be within the validity period.
3) Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

Proof of Identity submitted for PAN exempt cases. Please tick.

☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others _____

Declaration

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and the entire account modification form along with supporting documents as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

	First / Sole Holder	Second Holder	Third Holder								
Name											
Client's Signature											
PLACE:	DATE (DD/MM/YYYY) <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

IPV Done

☐ on (dd/mm/yyyy)

D	D	M	M	Y	Y	Y	Y
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☐ (Originals verified) True copies of documents received☐ (Attested) True copies of documents received Main Intermediary

Seal/Stamp of the intermediary should contain Staff Name, Designation, Name of the Organization, Signature, Date

Maker (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Checker (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

UCC							Date (dd/mm/yyyy)	D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	8	1	8		Client ID							
Name of First / Sole Holder															
Name of Second Holder															
Name of Third Holder															
Modification requested for:															