



| COMMON UPDATION FORM  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
|---|--|------|--|--|--|--|--|-----------------|--|--|--|----|---|--|--|
| Serial No.-   |  |      |  |  | DP ID- IN301983  |  |  |                 |  | Date   |  |    |   |  |  |
| Demat Client Id   |  |      |  |  | Trading Account No.  |  |  |                 |  |  |  |    |   |  |  |
| Please fill all the details in <b>Block Letters</b> in English. Please tick <input checked="" type="checkbox"/> the appropriate now where CHANGE/CORRECTION is required.  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| I/We request you to update the following Details in your records as given below. I / We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making this request, and confirm that the mobile connection is in my/our name and used by me/us.      |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Name</b>   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Father's/ Spouse Name</b>  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Date of Birth</b>  |  |      |  |  | <b>Marital Status</b>  |  |  |                 |  | <input type="checkbox"/> Single <input type="checkbox"/> Married |  |    |   |  |  |
| <b>Income Slab</b>  |  |      |  |  | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 – 5 Lac <input type="checkbox"/> 5 -10 Lac <input type="checkbox"/> 10 – 25 Lac <input type="checkbox"/> above 25 lacks  |  |  |                 |  |  |  |    |   |  |  |
| <b>Occupation</b>   |  |      |  |  | <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired<br><input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other (Specify) _____ |  |  |                 |  |  |  |    |   |  |  |
| *Address Details: (If correspondence and permanent addresses are different, then proofs for both have to be submitted.)   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| Local / Permanent   |  | City |  |  | State  |  |  | Pin Code        |  |  |  |    |   |  |  |
| Correspondence  |  | City |  |  | State  |  |  | Pin Code        |  |  |  |    |   |  |  |
| Update <input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence address to Nominee  |  |      |  |  |  |  |  |                 |  | Yes  |  | No |   |  |  |
| <b>Date of Birth 2<sup>nd</sup> Holder</b>  |  |      |  |  | <b>Date of Birth 3<sup>rd</sup> Holder</b>   |  |  |                 |  |  |  |    |   |  |  |
| <b>AADHAR</b>   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Contact Details</b>  |  |      |  |  | Tel (Res.)   |  |  |                 |  | Tel. (Off.)  |  |    |   |  |  |
|   |  |      |  |  | <b>Mobile</b>  |  |  | <b>SMS Flag</b> |  | <b>Email</b>   |  |    | <b>## declaration</b>   |  |  |
| <b>1<sup>st</sup> Holder</b>  |  |      |  |  |  |  |  | Y N             |  |  |  |    | <input type="checkbox"/> Me or <input type="checkbox"/> My Family |  |  |
| <b>2<sup>nd</sup> Holder</b>  |  |      |  |  |  |  |  | Y N             |  |  |  |    | <input type="checkbox"/> Me or <input type="checkbox"/> My Family |  |  |
| <b>3<sup>rd</sup> Holder</b>  |  |      |  |  |  |  |  | Y N             |  |  |  |    | <input type="checkbox"/> Me or <input type="checkbox"/> My Family |  |  |
| ## I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family (Spouse, Dependent parent, Dependent children )  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Name of relative</b>   |  |      |  |  | <b>Pan of relative</b>   |  |  |                 |  |  |  |    |   |  |  |
| <b>**Bank Details</b>   |  |      |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition (Only for trading)   |  |  |                 |  |  |  |    |   |  |  |
|   |  |      |  |  | <b>I want to avail RTGS / NEFT Facility</b>  |  |  |                 |  | <b>Default mapping</b>   |  |    |   |  |  |
|   |  |      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |    |   |  |  |
| <b>Bank A/c No.</b>   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>A/c Type</b>   |  |      |  |  | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Overdraft <input type="checkbox"/> Other _____   |  |  |                 |  |  |  |    |   |  |  |
| <b>Bank Name</b>  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b>Bank Address</b>   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
|   |  |      |  |  | <b>City</b>  |  |  | <b>Pin Code</b> |  |  |  |    |   |  |  |
| <b>IFSC Code</b>  |  |      |  |  |  |  |  |                 |  | <b>MICR</b>  |  |    |   |  |  |
|   |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <b># DP Details (Only for Trading)</b>  |  |      |  |  | Depository <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL   |  |  |                 |  | <input type="checkbox"/> Pay-in <input type="checkbox"/> Payout  |  |    |   |  |  |
| DP Name -   |  |      |  |  | DP ID  |  |  |                 |  | Client Id  |  |    |   |  |  |
| <b>Option to receive Annual Reports, AGM notice and other communication from issuer in physical form (Please tick any one)</b>  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <input type="checkbox"/> I / We hereby inform you that I/we wish to receive financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form.  |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| <input type="checkbox"/> I / We hereby inform you that I/we had earlier opted to receive the financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form and now intend to remove the said option so that I/we can receive the same in electronic form. |  |      |  |  |  |  |  |                 |  |  |  |    |   |  |  |
| 1/4 <input checked="" type="checkbox"/> _____<br>1 <sup>st</sup> Holder   |  |      |  |  | _____<br>2 <sup>nd</sup> Holder  |  |  |                 |  | _____<br>3 <sup>rd</sup> Holder                                  |  |    |   |  |  |
| Name of the DP & ID : <b>ARIHANT capital markets ltd.</b> (DP ID: IN301983)   |  |      |  |  |  |  |  |                 |  | For Office Use only  |  |    |   |  |  |
| Name of Branch/Service Centers :  |  |      |  |  |  |  |  |                 |  | Instruction No.  |  |    |   |  |  |
| Name of the person who has done the IPV:  |  |      |  |  |  |  |  |                 |  | Captured by  |  |    |   |  |  |
| Date: ___/___/___ Place _____   |  |      |  |  |  |  |  |                 |  | Verified & Released by   |  |    |   |  |  |
| Designation : _____ Signature of IPV done by: x   |  |      |  |  |  |  |  |                 |  | Date: ___/___/___  |  |    |   |  |  |

**Consent to Receive Transaction Statement on Email (Only for DP)**

I/We understand from you that a facility is being granted wherein I/We can get access to the transaction statements in respect of my/our above demat account in the Website of the Depository Participant or in the email address provided by me/us to the Depository Participant. I/We are also aware that the said facility is available subject to me/us complying with certain terms and conditions as prescribed by National Securities Depositories Ltd (NSDL). I/We have requested Arihant Capital Markets Ltd to provide me the facility of accessing the transaction statements in the email account provided by me and Arihant Capital Markets Ltd has agreed to the said request. In consideration of Arihant Capital Markets Ltd agreeing to allow me/us to avail the said facility I/We agree to the following terms and conditions:

1. I/We am/are aware that I/we will not receive the transaction statement in paper form.
2. I/We will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/ email account.
3. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the log in name and password is compromised, in such case, I/we shall not hold you responsible in any manner.
4. I/We shall immediately inform Arihant depository about change in- email address if any, in case transaction statement is sent by e-mail. I confirm that as on today, my email id is \_\_\_\_\_, and all other email ids, provided earlier to you (if any) stands cancelled.
5. I/We shall have the right to terminate this service by giving a 10 days written notice in advance.

2/4 ✓ \_\_\_\_\_  
1<sup>st</sup> Holder

\_\_\_\_\_   
2<sup>nd</sup> Holder

\_\_\_\_\_   
3<sup>rd</sup> Holder

**Request Form for Accepting Contract Notes and other Communication through Electronic mode: (Only for trading)**

1. I/We hereby authorize you to send all my contract notes, bills and other delivery position including Ledger and account statement to my/our e-mail id.
2. I/We am/are aware that I/we will not receive the contract notes in paper form.
3. I/We will take all the necessary means to ensure confidentiality and secrecy of the login name and password of my Online Arihant Account.
4. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the log in name and password is compromised. In such case, I/we shall not hold Arihant responsible in any manner.
5. I/we shall immediately inform Arihant Capital Mkts Ltd. about change in email address if any, through a physical letter. We will not be responsible for any loss, in case you do not update your details. I confirm that as on today, my email id is \_\_\_\_\_, and all other email ids, provided earlier to you (if any) stands cancelled.
6. I/We consent that non-receipt of bounced back email notification by trading member amounts to delivery of contract notes.

Signature 3/4 ✓ \_\_\_\_\_

**Declaration:**

To, Arihant Capital Markets Ltd (hereinafter referred to as Arihant)

I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief. The documents submitted along with this application are genuine. I hereby undertake to promptly inform Arihant of any changes to the information provided hereinabove and agree and accept that Arihant is not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

4/4 ✓ \_\_\_\_\_  
1<sup>st</sup> Holder

\_\_\_\_\_   
2<sup>nd</sup> Holder

\_\_\_\_\_   
3<sup>rd</sup> Holder

**\*Document required for Address change:-** (KYC form require for all holder separately)\_ (1) **Proof of Identity** {Any one – Valid Passport/Voter ID/Driving License/PAN card with photo}, (2) **Proof of Address** [A] Valid Passport/ Voters ID/Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/Insurance Copy.; [B] Telephone Bill (only land line), Electricity bill or Gas bill – (Not more than 3 months old.) ; [C] Bank Account Statement/Passbook – (Not more than 3 months old.) with copy of cancelled cheque leaf, [D] Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts., [E] Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/ Scheduled Co-Operative Bank/ Multinational Foreign Banks/ Gazetted Officer/ Notary public/ Elected representatives to the Legislative Assembly/ Parliament/ Documents issued by any Govt. or Statutory Authority.; [F] Identity card/ document with address, issued by any of the following: Central/State Government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members., [G] For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken., [H] The proof of address in the name of the spouse may be accepted. **\*\*Document required for Bank change:-** [1] Photocopy of Bank passbook (Front page) or Bank Statement with bank logo, in case statement on simple paper please made banker seal & sign. [2] Photocopy of cancelled cheque leaf for MICR or IFS Code. # **DP Detail update:-** Latest transaction statement / holding statement / CML copy require for updating ## Deceleration must be require for all family members separately.