

ACCOUNT UPDATE / KYC CHANGE REQUEST FORM

Folio Number: - _____

Date: ____/____/____

I / We request you to make the following changes in my / our account.

SECTION A: PERSONAL DETAILS

	1st Holder	2nd Holder	3rd Holder
Name of the Holder/Entity			
Date of Birth /Incorporation			
PAN Number			

SECTION B: UPDATED ADDRESS DETAILS

	1st Holder	2nd Holder	3rd Holder
Correspondence Address			
Permanent Address			
Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others_____	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others_____	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Others_____

SECTION C: EMAIL / MOBILE UPDATE

	1st Holder	2nd Holder	3rd Holder
Existing Email ID:			
New Email ID:			
Existing Mobile No.:			
New Mobile No.:			
I hereby declare that the aforesaid mobile number and / or E-mail ID belongs to: <i>(in case details belong to Family member, please choose appropriate relation).</i>	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

SECTION D: NAME CHANGE REQUEST

	1st Holder	2nd Holder	3rd Holder
Old Name:			
New Name:			
KYC Documents submitted for Name Change	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> On account of Marriage:- Marriage Certificate / Publication of name change in official gazette	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> On account of Marriage:- Marriage Certificate / Publication of name change in official gazette	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> On account of Marriage:- Marriage Certificate / Publication of name change in official gazette

You are requested to take note of the above and update your records accordingly.

1st Holder signature

2nd Holder signature

3rd Holder signature

Note - Filled and signed forms to be sent to gift.retail@marcellus.in