



## Account Details Addition / Modification / Deletion Request Form

**Ajmera Associates Limited**  
 63/67Ajmera House, Pathakwadi Road,  
 Opp. L T. Marg, Mumbai – 400 002.  
 Tel No.: 022-40628888 Fax No.:022-40628989

**Ajmera Commodities and Derivatives Private Limited**  
 63/67Ajmera House, Pathakwadi Road,  
 Opp. L T. Marg, Mumbai – 400 002.  
 Tel No.: 022-40628888 Fax No.:022-40628989

Please tick the following

Date	D	D	M	M	Y	Y	Y	Y
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**CDSL**       **TRADING**       **COMMODITIES**

Please fill all the details in Block Letters in English

<b>DP ID</b>	1	2	0	3	0	3	0	0	<b>Client ID</b>						
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<b>Trading Code</b>										
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Account Holder Details	
Name of First Holder	
Name of Second Holder	
Name of Third Holder	

- I/ We request to carry out the change of **correspondence/permanent address / signature in the demat & trading account**
- I/We request to carry out the change of **address / signature in the KRA and demat & trading account\*\***

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

Please tick (✓) Address Modification : <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent			
Fields to be Modified (Please specify change of address, bank details, telephone number etc.)	<input type="checkbox"/> Addition <input type="checkbox"/> Modification <input type="checkbox"/> Deletion (Please specify)	Existing Details	New Details

❖ You may attach an Annexure (with Signature(s)) if the space above is found insufficient

A] Names    B] Signatures of Holders with DP			
	First / Sole Holder	Second Holder	Third Holder
A]			
B]			

**Note:** **Bank Addition :-** Bank details will be added in trading account only for Payin purpose.  
**Modification:-** Bank details will be modified with default bank details in trading & DP  
**\*\*For updation of changes in KRA: Attached KYC modification form along with documents.**



### **Acknowledgement Receipt**

We hereby acknowledge the receipt of your Account Details Addition / Modification / Deletions request as per details given below :: -

Application No.									DATE	D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	3	0	3	0	0	Client ID								
Name of First / Sole Holder																	
Name of Second Holder																	
Name of Third Holder																	
Reason for Closure																	

**For Ajmera Associates Limited**

**For Ajmera Commodities and Derivatives Private Limited**

**Authorised Signatory**

**Authorised Signatory**