

## Account Details Addition / Modification / Deletion Request Form

**The South Indian Bank Ltd.,**

Retail Banking Department, DEMAT Centre, 2 Floor, Shanu Tower  
No. IV/461A, North Kalamassery, Ernakulam-683104  
Tel/ Fax: 0484-2933561, Email Id: [demat@sib.co.in](mailto:demat@sib.co.in)



Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID	1	3	0	2	7	9	0	0	Client ID									
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<b>Account Holder's Details</b>	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of address / signature in the demat account.  
 I/We request to carry out the change of address / signature in the KRA and demat account

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

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

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

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====

### Acknowledgement Receipt

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

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

**Depository Participant seal and Signature**

**Know Your Client (KYC)  
Application Form (For Individuals Only)**



CDSL VENTURES LIMITED

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Please fill the form in English and in BLOCK letters

Field marked \* are mandatory  
Filed Marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number :

Application Type:  New KYC  Modification KYC

**KYC Mode\*\*:** Please Tick( )

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details (Please refer guidelines overleaf)**

PAN \* \_\_\_\_\_ Please enclose a duly attested copy of Your PAN card

Name\* (Same as in ID proof) \_\_\_\_\_

Maiden Name \* (If any) \_\_\_\_\_

Fathers/ Husband's Name\* \_\_\_\_\_

Date Of Birth\* DD/MM/YYYY

Gender \*  Male  Female  Transgender

Marital Status \*  Single  Married

Nationality \*  Indian  Others

Residential Status  Resident Individual  Non Resident Indian

Please tick ( )  Foreign national  Person Of Indian Origin

Passport mandatory for NRIs, PIOs and Foreign Nationals

Proof of Identity (POI) submitted for PAN exempted cases (Please Tick)

A- AADHAR Card XXXX XXXX \_\_\_\_\_

B- Passport number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C- Voters ID Card \_\_\_\_\_

D- Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E- NREGA Job Card \_\_\_\_\_

F- NPR \_\_\_\_\_

Z- Others \_\_\_\_\_

Identification Number \_\_\_\_\_



Cross Signature across Photograph

Any Document notified by Central Government

**2. Address Details \* (please refer guidelines overleaf)**

**A. Correspondence/Local Address\***

Line1\* \_\_\_\_\_

Line2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Applicant e-Sign

**B. Permanent residence Address of the Applicant, if different from above A/Overseas Address\*(mandatory for NRI Applicant)  
(For NRIs Overseas address to be filled )**

Line1\* \_\_\_\_\_  
 Line2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address \*** (Attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A- AADHAR Card XXXX XXXX \_\_\_\_\_  
 B- Passport number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 C- Voters ID Card \_\_\_\_\_  
 D- Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 E- NREGA Job Card \_\_\_\_\_  
 F- NPR \_\_\_\_\_  
 Z- Others \_\_\_\_\_  
 Identification Number \_\_\_\_\_

Any Document notified by Central Government

**3. Contact Details**

Email ID \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Tel (Off) \_\_\_\_\_ Tel(Res) \_\_\_\_\_

**4. Applicant declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and behalf and I undertake to inform you any changes therein, immediately. In case any of the any information is found to be false or untrue or misleading or misrepresenting , I am/Ee are aware that I/We may be held liable for it  I/We hereby consent to receiving information form CVL KRA through SMS/Email on the above registered number/Email address DATE : _____(DD/MM/YYYY) PLACE: _____	Applicant e-Sign	Applicant wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by *	Intermediary details
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> self-certified Document copy received (OVD) <input type="checkbox"/> True Copies of Documents received (Attested) AMC/Intermediary Name <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
Employee Signature and Stamp	Institution Name and Stamp