



## Bharat Bhushan Equity Traders Ltd.

503, Rohit House, 3, Tolstoy Marg, New Delhi-110 001  
Tel. : 49800907, 41505504, Fax : 49800933

### FORMAT FOR UPDATION OF DEMAT / TRADING ACCOUNT PARTICULARS

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I/We \_\_\_\_\_ and \_\_\_\_\_

and \_\_\_\_\_ the holders of beneficiary account bearing ID's

# Client ID : \_\_\_\_\_ (For Depository A/c)

# Client Code : \_\_\_\_\_ (For Trading A/c)

#### For Change of Address :

Present Address	New Address

Please attach Self attested proof of identity and Proof of new address in the form of copy of any of the documents listed on reverse.

#### For Change of Bank Detail :

1	Bank account type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____
2	Bank Account Number			
3	Bank Name			
4	Branch Address	City/town/village		
		State	Country	
		PIN Code		
5	MICR Code			
6	IFSC			

\* Please furnish copy of cancelled cheque of bank account.

Mobile No. \_\_\_\_\_ for Activation of SMS facility. Yes / No

My E-mail ID is \_\_\_\_\_

My/Our UID is \_\_\_\_\_

(\* Please furnish copy of self-attested Aadhar Card of all the Holders.)

I hereby declare that the aforesaid mobile number or E-mail ID belongs to :

Me or  My family (spouse, dependent children and dependent parents).

<b>Mode of receiving Statement of Account {Tick any one}</b> Refer Notes for receiving Statement of Account in Electronic Form	<input type="checkbox"/> Physical Form
	<input type="checkbox"/> Electronic Form

Gross Annual Income Details (Income Range per annum)	<input type="checkbox"/> up to Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000	<input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000
	<input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000		
	<input type="checkbox"/> More than Rs. 25,00,000		
	Net worth as on (Date)		Rs.
[Net worth should not be older than 1 year]			
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify).....		

✕ \_\_\_\_\_  
(Sign. 1<sup>st</sup> Holder)

✕ \_\_\_\_\_  
(Sign. 2<sup>nd</sup> Holder)

✕ \_\_\_\_\_  
(Sign. 3<sup>rd</sup> Holder)

#### Notes : For receiving Statement of Account in Electronic Form :

1. The Client(s) is/are aware that it will not receive the transaction statements in paper form.
2. Client must ensure the confidentiality of the password of the email account.
3. Client must promptly inform the Participant if the email address has changed.
4. Client may opt to terminate this facility by giving 10 days prior notice.
5. Attach proof for required updation. Without proof request will not be processed
6. Supporting proof to be self attested by the client.
7. Updation to be processed on receipt of Form at Head Office, 503, Rohit House, 3, Tolstoy Marg, New Delhi-110001