

FORM - For Change Of E-Mail ID / Mobile No. / Subscription to e-CAS / Aadhar No. / Financial Details

[Please tick (v) wherever applicable]

To, INMACS LTD 909, Chiranjiv Tower 43, Nehru Place, New Delhi-110019	Date	D	D	M	M	Y	Y	Y	Y
	DP ID	I	N	3	0	2	5	7	4
	Client ID	1							

Dear Sir/Madam,

I/we request you to update details in my Demat account as per details mentioned below:

<input type="checkbox"/>	Change of E-mail ID [Read declaration and tick any one]		
	Sole/ First Holder	Second Holder	Third Holder
	Email address	Email address	Email address
	I hereby declare that the aforesaid E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>	I hereby declare that the aforesaid E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>	I hereby declare that the aforesaid E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>

<input type="checkbox"/>	Change of Mobile Number [Read declaration and tick any one]		
	Sole/ First Holder	Second Holder	Third Holder
	Mobile No.	Mobile No.	Mobile No.
	I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>	I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>	I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family <i>(spouse, dependent children and dependent parents).</i>

<input type="checkbox"/>	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form
		<input type="checkbox"/> Electronic Form [Read Note 1 and ensure that email ID is provided]

<input type="checkbox"/>	Aadhaar Number		
	Sole/ First Holder	Second Holder	Third Holder
	Aadhaar No.	Aadhaar No.	Aadhaar No.

<input type="checkbox"/>	Gross Annual Income Details	<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹ 1- 5 lac	<input type="checkbox"/> ₹ 5- 10 lac
	Income Range per annum (please tick (v) any one)	<input type="checkbox"/> ₹ 10- 25 lac	<input type="checkbox"/> More than ₹ 25 lac	

Note : 1. For receiving Statement of Account in electronic form:

- I. The Client(s) is/are aware that it will not receive the transaction statements in paper form.
- II. Client must ensure the confidentiality of the password of the email account.
- III. Client must promptly inform the Participant if the email address has changed.
- IV. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

Name(s) of holder(s)	Signature(s) of holder
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I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned information is found to be false or untrue or misleading or misrepresenting. I am/we are aware the I/we may be held liable for it.

Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	X
Second Holder (Mr./Ms.)	X
Third Holder (Mr./Ms.)	X