

Client Master Modification Request

To,
 The Manager,
 DP - BgSE Financial Ltd.
 No 51 1st cross J C Road
 Bangalore-560027.

From:
Mr. / Mrs.: _____ **(First Holder Name)**

DP Id: IN302148 - Client Id: _____

If same to be updated in trading account, Pls mention your Trading Code: _____

I/We hereby under take to receive the Transaction Statement / Bill Statement / Holding Statement and other communication etc., through Email id / Mobile number (SMS alert) registered with you.

I/We shall note that non receipt of bounced Email / SMS alert by the Depository Participant (BgSE Financials Ltd – IN302148) shall amount to delivery of the Transaction / Bill Statement/Holding Statement and communication etc at the Email id / Mobile number available in my demat account.

I/We under take the responsibility of informing the change in my Email id / Mobile number registered with you as per the specified format available with the company.



Please consider your environmental responsibility - **Save paper.**

Telephone No.			
Mobile No. (1 st Holder)	IS FLAG	YES	O
Mobile No. (2 nd Holder)			
Mobile No. (3 rd Holder)			
Email Id <i>(filled in caps)</i>	der)		
	der)		
	der)		

(Signature (s))

× _____ × _____ × _____
 (Sole/1st Holder) (2nd Holder) (3rd Holder)

- Note: 1. CORRECTION SHOULD BE AUTHENTICATED BY THE HOLDER (S) PTO
 2. Supporting documents submitted to be self attested by the Holder (s)
 3. Strike out the blank columns which are not applicable

To,
The Vice President - DP
BgSE Financials Ltd
Bangalore - 560 027

Format of Request

[Please tick (✓) wherever applicable]

DP ID	IN302148	Client ID		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents). Name. _____					
Signature of account holder		x			
Name of account holder					

SUB: Declaration of Date of Birth
REF: NSDL/POLICY/2016/31 Dated March 21 2016

SL NO	HOLDER NAME	DATE OF BIRTH
1 st Holder		
2 nd Holder		
3 rd Holder		

* Self attested photocopy (Pancard/Passport/Driving License/any Government document where DOB with name appears)

Mode of receiving Statement of Account

Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form
	<input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].

For receiving Statement of Account in electronic form:

- I. Client must ensure the confidentiality of the password of the email account.
- II. Client must promptly inform the Participant if the email address has changed.
- III. 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.

Signature(s)

1st Holder

2nd Holder

3rd Holder