

# RAGHUNANDAN MONEY

## Addition /Modification Requisition form

Equity  Commodity  Spot  DP  All

To,  
Raghnandan Capital Pvt. Ltd. / Raghnandan Industries Pvt. Ltd.  
Compliance Department

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

Dear Sir/Madam,

I/We \_\_\_\_\_ am/are registered with you as client as per following details:-

\* Unique Client code : C\_\_\_\_\_

\* Demat Account Number : 12069700\_\_\_\_\_

I/We request you to kindly make the below mentioned Addition/Deletion/Modification in your records.

### Please tick the Modification Category

Category	Existing Details	New Details
<input type="checkbox"/> Address Detail		
<input type="checkbox"/> Bank Detail		
<input type="checkbox"/> Email Id		
<input type="checkbox"/> Signature		
<input type="checkbox"/> DP Detail		

Please tick the Category Addition / Deletion

Category	Particular
<input type="checkbox"/> Bank Detail	
<input type="checkbox"/> DP Detail	

✓

Client Signature

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**Note\***

- 1. Email address of client should be same in client Master detail with RIPL/ RCPL along with all Exchanges UCC and Demat Account.**

I/we declare that the information given above is true to my/our knowledge.

Client Name	Sole / First Holder	Second Holder	Third Holder
Client Signature			

*(In case of Non-individual clients, affix relevant Company Stamp and Signed by authorized signatories. Client signature should be matched with company record, which was done by the client at the time of UCC registration or thereafter.*



**KYC Details Change form  
(For Individuals Only)**



Application No. :

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** with black ink (Please strike off Sections that are not used).

**A Name of Applicant** (As per original KYC records)

Title  Mr.  Ms.  Other (Please specify) \_\_\_\_\_

PAN \_\_\_\_\_

Name \_\_\_\_\_

Please Provide the new KYC details which should be updated in your KYC records.

**B. Identity Details** (please see guidelines overleaf)

1. My New Name (As appearing in supporting identification document).

Name \_\_\_\_\_

2. My New Marital status  Single  Married

3. My New Nationality  Indian  Other (Please specify) \_\_\_\_\_

4. My New Status Please tick (✓)  Resident Individual  Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any: \_\_\_\_\_

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

UID (Aadhaar)  Passport  Voter ID  Driving Licence  Others \_\_\_\_\_

(Please see guideline 'D' overleaf)

**C. Address Details** (please see guidelines overleaf)

1. My New Address for Correspondence

City / Town / Village \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Pin Code \_\_\_\_\_

2. Contact Details

Tel. (Off.) (ISD) (STD) \_\_\_\_\_

Tel. (Res.) (ISD) (STD) \_\_\_\_\_

Mobile (ISD) (STD) \_\_\_\_\_

Fax (ISD) (STD) \_\_\_\_\_

E-Mail Id. \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. My New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Pin Code \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

**D. Other Details** (please see guidelines overleaf)

1. My New Gross Annual Income Details (Please tick (✓):  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  > 25 Lacs

OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) \_\_\_\_\_ as on (date) | d | d | / | m | m | / | y | y | y | y |

2. My New Occupation (Please tick (✓) any one and give brief details):

Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired

Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

3. Please tick, if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

For definition of PEP, please refer guideline overleaf

4. Any other information: \_\_\_\_\_

**DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

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

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY**

IPV Done  on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code \_\_\_\_\_

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary Should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary Should contain

Staff Name

Designation

Name of the Organization

Signature

Date

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back), if printed separately then both the pages should be attached and signed by the applicant."