Form of Addition / Modification in Client Details / KYC Form

To, SW Capital Private Limited 4th Floor, Sunteck Centre, 37-40, Subhash Road, Vile Parle(E), Mumbai-400057 Tel No: 022-42687452 Fax No: 022-42687436 cdsl@swcapital.in

SW Capital Private Limited: Sebi Regn. INZ270013032 and CDSL: IN-DP-CDSL-2			/FNO/	CD: IN	NZ2300	013029	, BSI	E CM/F	NO/CD: INZ01	.0013035	, MCX-S	K CM/I	FNO/C	D: INZ26	001303	2, USE (CD:	
Application No: SWC/MRF/											Date:							
DP ID	1	2	0	3	6	3	0	0	Client ID									
Name of First / Sole Holder									-1	<u> </u>		1		-1	-1			
Name of Second Holder																		
Name of Third Holder																		
Name of Trading Account Holder																		
Trading Code										Bran	ch Code							
Dear Sir / Madam, I / We request you to make the followi	ng add	itions ,	/ mod	ificati	ons / o	deletio	ns to	my / c	our Trading A/	c, Demat	A/c and	KRA F	orm ir	ı your re	cords:			
Bank Details	Exis	ting D	etails							New Details								
Addition	Bank Name :										Bank Name :							
Deletion	A/c	/c No.:									A/c No.:							
Modification ☐	A/c Type:										A/c Type:							
	IFSC	Code								IFSC	Code							
Address Details																		
Addition	Address:										Address:							
Deletion	City:				S	tate:				City: State:								
Modification	Country: Pin Code:										Country: Pin Code:							
	Tel No.: Mob.:										Tel No.: Mob.:							
	E-ma	ail ID:								E-ma	ail ID:							
DP Details for Trading A/c																		
Addition	DP Name:									DP Name:								
Deletion \square	DP ID:									DP ID:								
Modification	Client ID:									Client ID:								
Signature (Only, In case of signature change)	1st Holder:									1st Holder:								
	2 nd H	2 nd Holder:									2 nd Holder:							
	3 rd Holder:									3 rd Holder:								
Email ID																		
Aadhar Card No.(UID)																		
Mobile No.																		
*Attach an Annexure (with signature(s The above stated detail(s) provided is/		•						know	ledge and beli	ef and I/v	ve under	rtake t	o info	rm vou c	ıf anv ch	ange th	erein.	
immediately. In case any one of the ab																0	- /	
	First/Sole Holder						Second Ho								hird Ho	lder		
Name	-																	
Signature (as per DP)																		
Signature (as per Trading)																		
For Office Use Only: Received By:	C	hecke	d By:						Verified By:.				I	Appro	ved By:.			