

**IIT INVESTRUST LTD**

CONFIDENTIAL

Form No. 4

**CLIENT REGISTRATION FORM  
ADDITION/MODIFICATIONS/DELETIONS REQUEST FORM  
(TO BE FILLED AND SIGNED BY THE CLIENT)**

CLIENT CODE	
CLIENT NAME	

I/We request you to make the following additions/modifications/deletions to my/our account in your records.

**I] ADDRESS, Tel., MOBILE, EMAIL, PAN DETAILS, (Please enclose proof for change in address, copy of PAN card)**

Existing Address/Telephone/Mobile/Email	Addition/Modification/Deletion (Please specify)	New Address/Tel./Mobile/Email/Pan no (Pin Code is Mandatory)

**II] BANK DETAILS (Please enclose copy of cancelled cheque as proof for new bank details)**

Addition/ Modification/ Deletion (Please specify)	To be treated as DEFAULT/ OPTIONAL (Please specify)	Bank Name	Account Type (Current/ Saving/ Others)	IFSC code	9 digit MICR Code	Account No.
Bank Address						

**III] DEMAT DETAILS (Please enclose proof for new DP details)**

Addition/ Modification/ Deletion (Please specify)	To be treated as DEFAULT/ OPTIONAL (Please specify)	DP (Please tick)	Client ID	DP ID
		<b>CDSL</b>	<input type="text"/>	<input type="text"/>
		<b>NSDL</b>	<input type="text"/>	<input type="text"/>
DP NAME		DP ADDRESS		

SIGNATURE OF CLIENT	<b>XX</b>
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For Office Use Only	
Name, sign of person incorporating the changes	
Date of up-dation	

**Note: 1. Please strike off table/s where no changes are required to be made.  
2. All Columns of the respective table where you need changes are mandatory.**