



Form for registration / updation of Email ID, SMS alert & Income Range for Individual Demat Account

DP ID : IN301348

Client ID :

PAN Number :

I / We the account holder(s) of the above demat account, would like to update the below mentioned Email ID, Mobile no(s) and income range in above mentioned Demat account.

1 st Holder Mobile no:										
2 nd Holder Mobile no:										
3 rd Holder Mobile no:										

(Only in CAPITAL)

1st Holder Email ID:	
2nd Holder Email ID:	
3rd Holder Email ID:	
1st Holder Income Range-Individuals	<input type="checkbox"/> Below Rs.1 Lacs <input type="checkbox"/> Rs.10 Lacs to Rs.25 lacs <input type="checkbox"/> Rs.1 Lacs to Rs.5 Lacs <input type="checkbox"/> More than Rs. 25 lacs <input type="checkbox"/> Rs.5 Lacs to Rs.10 Lacs
2nd Holder Income Range-Individuals	<input type="checkbox"/> Below Rs.1 Lacs <input type="checkbox"/> Rs. 10 Lacs to Rs. 25 lacs <input type="checkbox"/> Rs.1 Lacs to Rs.5 Lacs <input type="checkbox"/> More than Rs. 25 lacs <input type="checkbox"/> Rs.5 Lacs to Rs.10 Lacs
3rd Holder Income Range-Individuals	<input type="checkbox"/> Below Rs.1 Lacs <input type="checkbox"/> Rs. 10 Lacs to Rs. 25 lacs <input type="checkbox"/> Rs.1 Lacs to Rs.5Lacs <input type="checkbox"/> More than Rs. 25 lacs <input type="checkbox"/> Rs.5 Lacs to Rs.10 Lacs

I/we hereby declare as detailed below for mobile number and email id belongs to:

Holder	Mobile	Email
1 st Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children
2 nd Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children
3 rd Holder	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children

I/We hereby declare that the above details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.

	NAME	SIGNATURE
Sole / 1st Holder		
2nd Holder		
3rd Holder		

PLACE:

DATE: DD-MM-YYYY

For Office Use Only :

Intermediary Details (Name and Stamp)