

**APPLICATION
FOR CHANGE IN
DETAIL**

Goldmine Stocks Pvt Ltd

(DP ID IN 301645)

'Goldmine House', 4, Niranjan Nirakar Society,
Nr. Shreyas Railway Crossing, Ahmedabad 380007
Phone : 26607287-88 • www.goldmine.net.in

Client ID:

Application for : (Please tick relevant box)

Add Mobile Number

Add E mail Number

Change of Bank Details

Change of Signature

First / Sole Holder

Name		DOB													
Mobile		E mail													
• 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).															

Second Holder

Name		DOB													
Mobile		E mail													
• 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).															

Third Holder

Name		DOB													
Mobile		E mail													
• 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).															

- I/We request you to issue us the transaction statements periodically as per the NSDL guidelines by email to us or on your website for the above demat account with you.
- I/We do not wish to opt for BSDA Account.

Change in Bank Detail :

I/we request you to change my/our Bank Detail as below...

Current Detail : Bank Name :

A/c. No. :

Branch Address :

Pin Code

MICR

Type : SB / Current / Cash Credit _____

IFSC

New Detail : Bank Name :

A/c. No. :

Branch Address :

Pin Code

MICR

Type : SB / Current / Cash Credit _____

IFSC

Documents of All Joint Holders : Cancelled Cheque (original) Self attested Pass-book or statement

(Show original for Verification) (Sign on photocopies)

Goldmine Stocks Pvt Ltd

'Goldmine House', 4, Niranjan Nirakar Society,
Nr. Shreyas Railway Crossing, Ahmedabad 380007

Phone : 26607287-88

Change of Signature			
I / We request you to change the signature as below :			
Existing Signature:			
	1st Holder	2nd Holder	3rd Holder
Name of Account Holder			
Current Signature			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
New Signature:			
	1st Holder	2nd Holder	3rd Holder
Name of Account Holder			
New Signature			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reason for Change in signature :			
Bank Attestation :			
Name of Bank :			
Name of Bank Manager :			
Stamp and Sign of Bank Manager * <div style="border: 1px solid black; width: 600px; height: 80px; display: inline-block; vertical-align: middle;"></div>			
Documents of All Joint Holders : (Show original for Verification) (Sign on photocopies)			
<input type="checkbox"/> Self attested copy of Photo ID			
<input type="checkbox"/> Client's new signature should be duly attested by client's Banker.			
<input type="checkbox"/> Client should visit personally and affix his/her signature in the presence of officials of Goldmine.			
• 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).			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> _____ (Sole/First Holder) </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> _____ (Second Holder) </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> _____ (Third Holder) </div> </div>			

*** For Change of Address Fill KYC Form**

Acknowledgement	
Received Application for : (Please tick relevant box)	
<input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Bank Details <input type="checkbox"/> Change of Signature <input type="checkbox"/> Add Mobile Number <input type="checkbox"/> Add E mail Number	
Client Id : _____ Client Name : _____	
Date: ___/___/___ DD MM YYYY	Place _____ Signature _____ (Authorised Signatory) (Stamp of the DP)