

**APPLICATION FOR CHANGE OF NAME**

(Please fill all the details in BLOCK LETTERS in English)

Application No. \_\_\_\_\_

Date :     /     /

Client Id: \_\_\_\_\_

CDSL CLIENT ID: \_\_\_\_\_

NSDL CLIENT ID: \_\_\_\_\_

(please Tick (✓)whichever is applicable)

 I/We Request to Carry Out the change of name in the KRA and Demat Account.

**I/We Request you to change my/our name in your records as per below details:**

	Holder name as per Demat Account	<b>New Name</b> (As appearing in Supporting identification document)	<b>PAN</b>
First/Sole Holder			
Second Holder			
Third Holder			

Reason for change in name (please Tick (✓)whichever is applicable)	<input type="checkbox"/> change of name on Account Marriage (Refer Instruction 2) <input type="checkbox"/> change of name on Account of reason other than Marriage (Refer Instruction 3) <input type="checkbox"/> change of Father name (Refer Instruction 3)
--	---

**"I/we do hereby solemnly declare that the details herein above submitted by me/us is/are true to my/our own knowledge."**

	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
<b>Name (as per DP)</b>			
<b>Signature</b>			

**Instructions:**

1. Copy Of PAN card duly signed by customer should be submitted.
2. In case of change in name on account of marriage following document shall be submitted. Marriage Certificate copy of Passport showing husband's name or publication of name change in official gazette.
3. In case of change in name on account of reasons other than marriage/ change in father's name following documents shall be submitted : Publication of name in official gazette.
4. The Form should be signed by all the account holders and stating the reason for change of Name.

**Note: KRA Request Form is mandatory for Name change.**

**Know Your Client (KYC)  
Application form (For Individual Only)**



Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory  
Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application No: \_\_\_\_\_

Application Type:

New KYC       Modification KYC

KYC Mode\*: Please Tick (✓)

Online

Offline

Other: \_\_\_\_\_

**1. PERSONAL DETAILS**

Name\* (Same as ID proof) \_\_\_\_\_

(If any\*) Maiden Name \_\_\_\_\_

Father/ Spouse Name \_\_\_\_\_

Mother Name \_\_\_\_\_

Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PAN\* \_\_\_\_\_

Gender\*       Male       Female       Other

Marital Status\*       Married       Unmarried       Other

Residential Status\*       Residential Individual       Non-Residential Indian  
 Foreign National       Person of Indian Origin

Nationality\*       Indian       Others

Proof of Identity\*       PAN       Others (Specify) \_\_\_\_\_

PHOTO



Cross Signature

**2. PERMANENT ADDRESS**

Line 1\* \_\_\_\_\_

Line 2\* \_\_\_\_\_

Line 3 \_\_\_\_\_ City/ Town/ Village\* \_\_\_\_\_

District\* \_\_\_\_\_ Pin code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Proof of Address\* \_\_\_\_\_ Document Number \_\_\_\_\_

**3. CORRESPONDENCE ADDRESS**

If same as above address, then leave blank

Line 1\* \_\_\_\_\_

Line 2\* \_\_\_\_\_

Line 3 \_\_\_\_\_ City/ Town/ Village\* \_\_\_\_\_

District\* \_\_\_\_\_ Pin code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Proof of Address\* \_\_\_\_\_ Document Number \_\_\_\_\_

#### 4. CONTACT DETAILS

Mobile\* \_\_\_\_\_ - \_\_\_\_\_ Tel.(office) \_\_\_\_\_ - \_\_\_\_\_

Tel.(Res) \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_

Email ID\* \_\_\_\_\_

#### 5. REMARKS (IF ANY)

Remarks (If any) \_\_\_\_\_

#### 6. APPLICATION DECLARATION

I/We hereby declare that the KYC details provided by me/us are true and correct to the best of my/our knowledge and belief. I/We undertake to promptly inform you of any changes to the information provided. I/We understand that if any of the above details are found to be false, untrue, misleading, or misrepresented, I/We may be held liable for the same.

I/We hereby consent to receiving communications from the Central KYC Registry via SMS and/or email on the registered mobile number and email address provided above.

I/We also consent to receiving communications from CVL KRA via SMS and/or email on the registered contact details. I/We acknowledge that for Aadhaar OVD-based KYC, my/our KYC request will be validated against Aadhaar details.

I/We further consent to sharing my/our masked Aadhaar card (with readable QR code), or my/our Aadhaar XML/Digilocker XML file along with the passcode, as applicable, with the KRA and other intermediaries with whom I/We have a business relationship, strictly for KYC purposes.

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ (DD-MM-YYYY)

**APPLICANT E-SIGNATURE**

**APPLICANT WET SIGNATURE**

#### 7. FOR OFFICE USE ONLY

Name of Employee \_\_\_\_\_ Employee Code \_\_\_\_\_

Designation \_\_\_\_\_ Date of IPV \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Organization **SAPPHIRE BROKING** Signature of employee \_\_\_\_\_

Seal/Stamp of Intermediary