# IDFC Asset Management Company Limited Client Mandate Change Request Form



| 1 EVICTING OF IENT CODE   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               | Date D D M M Y Y Y Y |            |     |      |     |       |                   |               |       |     |
|---|---|----------------|--------|-------|--------|-------|-------|--|------|------|------|------|-------|------|-------|---------------|----------------------|------------|-----|------|-----|-------|-------------------|---------------|-------|-----|
| 1. EXISTING CLIENT CODE   |   |                |        |       |        |       | 1     |  |      |      |      |      |       |      |       |               |                      | Dα         | te  | D    | ווע | VI IV | 1 Y               | Υ,            | Y   Y |     |
| PRODUCT NAME  |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       | Ш                 |               |       |     |
| 2. EXISTING CLIENT DETAILS  |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| NAME OF SOLE / FIRST ACCOUN   | T HOLDEI                                | R              |        | _     |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Mr. / Ms. / M/s.  |   |                | _      |       |        |       |       |  |      |      |      |      |       |      |       | _             |                      |            |     |      |     |       | $\square$         | _             | _     |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   | $\perp$       |       |     |
| Mr. / Ms. / M/s.  | LDER                                    |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| 1411. / 1415. / 141/5.  |   |                |        | +     |        |       |       |  |      |      |      |      |       |      |       |               | _                    |            |     |      |     |       |                   | $\dashv$      |       |     |
| NAME OF THIRD ACCOUNT HOLD  | )ED                                     |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Mr. / Ms. / M/s.  | TER                                     |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   | $\overline{}$ |       |     |
| Kindly tick (✓) the option where ch   | nange / u                               | odatio         | n is r | equi  | ired   | and   | strik | e of                                   | f th | e no | on-  | app  | lica  | able | op    | tion          |                      |            |     |      |     |       |                   |               |       |     |
| 3. CHANGE/ UPDATION OF ADD  |   |                |        | -     |        |       |       |  |      |      |      |      |       |      |       |               |                      | )#         |     |      |     |       |                   |               |       |     |
| Address   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   | T             | T     |     |
| State   |   |                |        | +     |        | Соц   | ntry  |  |      |      |      |      |       |      |       | $\overline{}$ | $\pm$                |            | Pin | ı Co | nde |       | $\overline{\Box}$ | $\Rightarrow$ | $\pm$ |     |
| 4. CHANGE IN CONTACT NUMBE  | :D                                      |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      | Juc |       |                   |               |       |     |
|   |   |                |        | Do    | منطم   |       |       |  | F.D. |      |      | ] [  |       |      |       | Dh            |                      |            |     |      | 1   |       |                   |               |       |     |
| Office STD Code   | Phone                                   |                |        | Re    | side   | nce   |       | 5                                      |      | Cod  | ie   |      |       |      |       | Phφ           | ne                   |            |     |      |     |       |                   |               |       |     |
| Mobile No.  |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| 5. CHANGE IN EMAIL ID   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Email ID  |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   | $\perp$       |       |     |
| 6. CHANGE / UPDATION IN BANI  | K DETAILS                               | <b>S</b> (Plea | se p   | rovic | de d   | ocur  | nent  | s ev                                   | ide  | ncir | ng p | oroc | of. F | Refe | er th | e lis         | st b                 | elo        | w)  |      |     |       |                   |               |       |     |
| Bank Account Details: A/c No.   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| MICR Code   |   | IFSC C         | ode*   |       |        |       |       |  |      |      |      |      |       | A/   | c Ty  | /pe           |                      | Sav        | ing | s [  | C   | urre  | nt 🗌              | NF            | E□    | NRO |
| Bank Name & Address   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   | $\top$        |       |     |
| City  |   |                |        | Sta   | ate /  | ′ Cou | ıntry |  |      |      |      |      |       |      |       |               |                      |            | Pin | ı Co | ode |       |                   | 寸             | Ť     |     |
| *Mandatory Field. Please enclose a p  | re printed                              | cancel         | led cl | hequ  | ıe lea | af.   |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| 7. CHANGE OF DISTRIBUTOR/BF   | ROKER                                   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Distributor/broker in my/our folio numbers and scheme/s mentioned below : (Subject to Distributor / Broker is empanelled with us for the product) |   |                |        |       |        |       |       |  |      |      |      |      |       |      | duct) |               |                      |            |     |      |     |       |                   |               |       |     |
| ARN Code ARN Optional Distributor / Broker Name   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| 8. UPDATION OF DEMAT DETAIL   | S                                       |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| DP Name   |   |                |        |       |        | T     |       |  |      |      |      |      |       |      |       | T             |                      |            |     |      |     |       |                   | T             | T     |     |
| Depository Participant<br>(DP) ID   | Client ID                               |                |        | '     |        |       |       | •                                      |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Proof of demat Account (Please provide a self attested Demat Client Master Report)  Client Master   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| I / We confirm that details provid  | ed by me,                               | /us are        | true   | e and | d co   | rrect | t     |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
| Signature of  | Signature of                            |                |        |       |        |       |       |  |      |      |      | atur |       |      |       |               | Signature of         |            |     |      |     |       |                   |               |       |     |
| First / Sole Holder /<br>Authorized Signatory   | Second Holder /<br>Authorized Signatory |                |        |       |        |       |       | Third Holder /<br>Authorized Signatory |      |      |      |      |       |      |       |               |                      | POA Holder |     |      |     |       |                   |               |       |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |
|   |   |                |        |       |        |       |       |  |      |      |      |      |       |      |       |               |                      |            |     |      |     |       |                   |               |       |     |

Contact No. : 022 4342 2799 Available between 9.30 am to 6.30 p.m. on business days only

# IDFC Asset Management Company Limited Client Mandate Change Request Form (Contd.)



# **DOCUMENTS EVIDENCING PROOF**

#### Please Note:

- Provide copy of ANY ONE of the relevant documents as mentioned below evidencing the modifications/deletions of any particular detail.
- All documents to be self attested.

### Address Proof (Permanent & Correspondence)

- a. Voters Id
- b. Passport
- c. Driving licence
- d. Aadhaar Card
- e. Job card issued by NREGA duly signed by an officer of the State Government.

f. The letter issued by the National Population Register containing details of name, address.

## **Bank Account Proof**

- a. Pre-printed Cheque Leaf (Personalized cheque with address and IFSC)
- Bank Statement not more than 3 months old (self attested, logo of the bank, bank details & IFSC duly attested by Bank with stamp, name, signature and designation of the bank employee issuing the statement)
- c. Passbook Book not more than 3 months old (self attested logo of the bank, bank details & IFSC duly attested by Bank with stamp, name, signature and designation of the bank employee issuing the letter)

(PLEASE NOTE THAT IFSC CODE SHOULD MANDATORILY REFLECT IN ALL THE THREE DOCUMENTS)

\*Subject to the updated address being same as that is available in KYC KRA records. Else KYC KRA modification form to be submitted with relevant proofs.