

APPLICATION FOR ADDITION / MODIFICATION IN KYC FORM

To

INFONIC INDIA FINANCIAL SERVICES (P) LTD

413/19, FIRST FLOOR,

PAVIS COMPLEX,

OPP BUS STAND,

SATHYAMANGALAM

ERODE (DIST) - 638402

SUBJECT: MODIFICATION IN CLIENT DETAILS

CLIENT NAME		CLIENT CODE NO		
CLIENT DETAILS <input type="checkbox"/>	BANK DETAILS <input type="checkbox"/>	INCOME RANGE <input type="checkbox"/>	TELEPHONE/MOBILE <input type="checkbox"/>	E-MAIL <input type="checkbox"/>

I/We request you to kindly change the mentioned client details in your records and our client registration from as per the given instruction and give effect to it. The relevant attested documentary proofs are attached with this letter.

1. CLIENT ADDRESS :

	OLD ADDRESS	NEW ADDRESS
Flat/Door/Block No		
Road/Street/Post Office		
Area/Locality		
Town/City/District		
State & pin code		

Please attach any one of 1.ration Card 2.Pass Port 3.Voter ID 4.Driving License 5.Bank Passbook.6. (a) Electricity Bills (b) Residence Telephone Bills (Not more than two months old). 7. Lease/Rent agreement.

2. BANK DETAILS. Tick {__ Only addition / __ Replace the Existing} (If Addition Primary __ /Secondary __)

	OLD DETAILS	NEW DETAILS
BANK NAME		
BANK BRANCH ADDRESS		
BANK ACCOUNT NO		
BANK ACCOUNT TYPE		
MICR CODE		
IFSC CODE		

Please attach the copy of Bank Passbook/Statement of Accounts not more than 2 months old/personalized Cheque Leaf

3. INCOME RANGE DETAILS Tick { ___ Only addition/ ___ Replace the Existing }

Income Range Per annum: <input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> Rs.1-5Lac <input type="checkbox"/> Rs.5-10Lac <input type="checkbox"/> Rs.10-25 <input type="checkbox"/> Rs. > 25Lacs
NetWorth as on (date) _____ (Rs. _____) (Net worth should not be older than 1 year)

4. TELEPHONE/MOBILE:

Old Phone No		New Phone No	
Old Mobile No		Old Mobile No	

5. EMAIL ADDRESS:

Old E-mail		New E-mail	
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All the changes as requested above by me/us will be binding on me/us.

Client's Signature

Verified & Received by

Note: KYC modification appeal will be rejected if incomplete/inappropriate provided in the form.

Attach PAN

