



**GROVALUE COMMODITY PRIVATE LIMITED**

Registered Office: No 102, Anmol Arcade, 1st Floor, L B Road, Adyar, Chennai 600020. Tamilnadu India.  
 Office Address: 03, Enterprise Center, Off Nehru Road, Near Domestic Airport, Vileparle (E), Mumbai 400099.  
 Maharashtra, India. Email ID: kyc@grovalue.in, Website: www.grovalue.in. Tel. (022)6216666-634

**Account Details**  **Addition**  **Modification**  **Deletion Request Form**

Date \_\_\_\_\_

Dear Sir/Madam,

I/We request you to make following additions/modifications/Deletion to my/our account in your records.

**PLEASE FILL ALL THE DETAILS IN BLOCKLETTERS IN ENGLISH. Please mark (✓) on the appropriate column.**

Date of Birth: \_\_\_\_\_

Pan No.																			
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Father Name: \_\_\_\_\_

<b>Trading Code</b>																			
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<b>Client Name</b>	First/Sole Holder	Second Holder	Third Holder
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**I/We wish to update the below change**

<b>1. Change in Name</b>	First/Sole Holder	Second Holder	Third Holder
<b>2. Aadher Card No.</b>	First/Sole Holder	Second Holder	Third Holder
<b>3. Annual Income</b>	<input type="checkbox"/> <1Lac <input type="checkbox"/> 1-5Lac <input type="checkbox"/> 5-10Lac <input type="checkbox"/> 10-25Lac <input type="checkbox"/> >25		
<b>4. Bank Details</b>	<b>Existing Details</b>		<b>New Details</b>
<b>Trading</b> <input type="checkbox"/> Add & Making default <input type="checkbox"/> Add bank <input type="checkbox"/> Change in existing record.	Bank Name:		Bank Name:
	Address:		Address:
	A/C No.:		A/C No.:
	A/C Type:		A/C Type:
	MICR		MICR
	IFSC Code:		IFSC Code:

**Note:** \*9 digit codes of the bank & branch appearing on the cheque issued by the Bank. For availing ECS facility, MICR code is mandatory.

**Below mentioned Address Changes will be updated in KRA, Demat & Trading Records.**

<b>5. Address Details</b>	<b>Existing Details</b>		<b>New Details</b>	
<input type="checkbox"/> Correspondence Address	Address:		Address:	
	Pin Code:	City:	Pin Code:	City:
	State:	Country:	State:	Country:
<input type="checkbox"/> Permanent Address	Address:		Address:	
	Pin Code:	City:	Pin Code:	City:
	State:	Country:	State:	Country:
<input type="checkbox"/> Both of the above				
<b>6. Contact Details</b>	<b>Existing Details</b>		<b>New Details</b>	
	Mob:		Mob:	
	Tel.:		Tel.:	
	Email ID.:		Email ID.:	
<b>Signature</b>	First/Sole Holder	Second Holder	Third Holder	