

Request Form for change in DP ID account of the client

(TO BE FILLED IN BY CLIENT)

Client Code : _____ Name of the Client : _____

	DD			MM			YYYY				
Date			/			/					

HOD, CRD Department

FAST Capital Markets Limited

4 Bishop Lefroy Road

4th Floor, Kolkata 700020

Existing DP Details

Sr.No.	Depository (CDSL / NSDL)	DP Name and Address	DP ID	Beneficiary A/C No.	First / Joint Holder	Default for PO (Pls. tick)
1						
2						
3						
4						
5						

I/We request you to make the following modifications/deletions to my/our account in your records:

Default DP Details (Pay Out)

Sr.No.	Depository (CDSL / NSDL)	DP Name and Address	DP ID	Beneficiary A/C No.	First / Joint Holder
1					

Add DP Details (Pay In)

Sr.No.	Depository (CDSL / NSDL)	DP Name and Address	DP ID	Beneficiary A/C No.	First / Joint Holder
1					

Delete DP ID

Sr.No.	Depository (CDSL / NSDL)	DP Name and Address	DP ID	Beneficiary A/C No.	First / Joint Holder
1					

Signature of the Client : _____

Signature of the Sub-Broker : _____

CRD OFFICIALS

CHECKED BY—

VERIFIED BY —

HOD, CRD DEPT.

Detail Accepted as proof (Only First Holder accepted)

- | |
|---|
| <ul style="list-style-type: none">- Holding Statement- Client Master of the DP |
|---|