



**SKUNG TRADELINK LIMITED
SKUNG COMMPERTS LIMITED**

APPLICATION FOR CHANGES IN CLIENT MASTER

(Fill up the details in CAPITAL letters only)

Date:-

Trading Account Demat Account

Commodity Account (Please fill up the Trading and Demat account number in boxes.)

I/We request you to update the following in your records:

1. Change of Address for Client (Permanent / Correspondence / Both
(Please tick the relevant box)

Old Address		New Address	
Pin Code		Pin Code	

Proof of Address Enclosed (self attested) :- Bank Pass Book/ Ration Card /Passport/Driving License/ Voter ID/ (Copies of Electricity bills/Telephone bills) (note more than 2 months old)

2.(a) Additional Bank Details / Change of Bank Details:

Old Bank Details		New Bank Details	
Account Type		Account Type	
Account Number		Account Number	
Bank Name		Bank Name	
Bank Address		Bank Address	
MICR Number		MICR Number	
IFSC Code		IFSC Code	

(b) Bank Account to be mapped for Payout of funds: Existing Account New Account
(Please tick the relevant box)

Bank A/C number to be mapped

Bank account Type:- Saving /Current /Other (specify) _____

Proof of details to be enclosed: Cancelled cheque leaf with preprinted name (or) Letter from Bank Manager on the Bank's Letter head (or) Bank Passbook / Bank Statement (not more than 3 months old). (Maximum of 4 bank accounts can be mapped to a client)

Registered Office: 51/27, Naughara, Somani Bhwan, Kanpur-208001 (Uttar Pradesh)
Corporate Office: 63/2,R.N.Chamber, 3rd floor, The Mall, Kanpur-208001



**SKUNG TRADELINK LIMITED
SKUNG COMMXPERS LIMITED**

3. **Additional DP details** **Change of DP Account Details**

DP Name	DP ID	Client ID
---------	-------	-----------

Proof of DP details to be enclosed: Attested Client Master Report system.

4. (a) **Request for Email ID Updation:** _____

(b) **Mobile Number** _____ **Phone number** _____

(c) **Request Email ID cancellation** _____

(d) **Request for contract note** Digital Physical (Please tick the relevant box)

5. (a) **F&O (Futures & Options) Activation** Yes No (Please tick the relevant box)

(b) **Inter Branch Transfer:**

I/We wish to transfer my / our trading Account number _____

Form _____		To _____	
Branch ID	Branch name	Branch ID	Branch Name

*Latest Trading SOA to be submitted

6. (a) Request for conversion of Online trading account to Offline trading account

(b) Request for conversion of Offline trading account to Online trading account
(Please tick the relevant box)

*I/We Authorize you to debit the conversion fee towards my/our trading account.

7. **Running Account Authorization:**

I request you to settle my fund and securities account

Once in every calendar Quarter Once in a calendar Month

Or such other higher period as allowed by SEBI/FMC/Exchange(s) time to time

8. **Closure of account:**

(a) I/We hereby request you to close my/our Trading /Commodities account Number _____
held at your _____ branch

Reason for closure _____

Signature of 1st Holder	Signature of 2nd Holder	Signature of 3rd Holder

Registered Office: 51/27, Naughara, Somani Bhwan, Kanpur-208001 (Uttar Pradesh)

Corporate Office: 63/2,R.N.Chamber, 3rd floor, The Mall, Kanpur-208001