

Star Finvest Private Limited
 311, Arunachal Building
 19, Barakhamba Road
 New Delhi-110001

Date:

Dear Sir/Madam,

Sub: Modification Request for change in Demographic Details

You are requested to change the following details in our below mentioned A/c

| | | | |
|----------------|--------------|----------------|--------------|
| CLIENT ID: | | DP ID:IN302540 | |
| CLIENT NAME: | First holder | Second holder | Third holder |
| DATE OF BIRTH: | First holder | Second holder | Third holder |
| UID (AADHAAR) | First holder | Second holder | Third holder |

New Bank Details:

| | | | | |
|----------------|--|------------|--------|---------|
| Bank A/C No: | | A/C Type: | Saving | Current |
| Bank Name: | | | | |
| Bank Address : | | | | |
| State: | | PIN Code: | | |
| IFSC CODE: | | MICR CODE: | | |

Contact Details:

SMS YES NO

| | | | |
|-------------------------------|--------------|---------------|--------------|
| Mobile No: | First holder | Second holder | Third holder |
| Telephone No. (with STD Code) | | | |
| Email Address: | First holder | Second holder | Third holder |

I hereby declare that the aforesaid mobile number or E-mail ID belongs to Me or My family (*spouse, dependent children and dependent parents*).

| | |
|--|---|
| Mode of receiving Statement of Account [Tick any one] | <input type="checkbox"/> Physical Form |
| | <input type="checkbox"/> Electronic Form [Read Note 1 and ensure that email ID is provided] |

Note:

1. For receiving Statement of Account in electronic form:
 - I. The Client(s) is/are aware that it will not receive the transaction statements in paper form.
 - II. Client must ensure the confidentiality of the password of the email account.
 - III. Client must promptly inform the Participant if the email address has changed.
 - IV. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

Signature of First/Sole Holder

Signature of Second holder

Signature of Third Holder

Trxn. No. _____ Captured by: _____ Released by : _____

Note: (i) Enclosed (Id & Address Proof) document(s) must be self-attested (ii) Strike off whichever is not applicable