## **ALDER CAPITAL**

## Change in Name Form

| Date:            |
|------------------|
| ARN No           |
| Distributor Name |
| RM Name          |
| Client ID        |

Τo,

Alder Capital Advisors LLP 503, Morya Blue Moon, Off New Link Road, Andheri-West, Mumbai-400053

Dear Sir/Madam,

## Sub: Change in Name

I/We ..... wish to change/update

my/our name in the record of Alder Capital PMS A/c due to reason.....

|           | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> Applicant |
|-----------|---------------------------|---------------------------|---------------------------|
| Old Name  |                           |                           |                           |
| *New Name |                           |                           |                           |

Further, I/ we confirm that any change in our above details will be brought to your notice immediately.

Thanking you, Yours truly,

| Signature (1 <sup>st</sup> Applicant) | Signature (2 <sup>nd</sup> Applicant) | Signature (3 <sup>rd</sup> Applicant) |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 <sup>st</sup> Applicant Name        | 2nd Applicant Name                    | 3rd Applicant Name                    |

Note: \*Enclosed herewith self-attested copy of PAN, Aadhar, Affidavit/ Marriage Certificate

| AXIS BANK  | KNOW YOUR C<br>Application Form   | - For Individu  | Jal   |
|--|-----------------------------------|---|---|
| NEW CHANGE REQUEST (Please tick  |                                   | R0001   | 1000029240 ement No.  |
| ase fill the form in <b>ENGLISH</b> and in <b>BLOCK LETTERS.</b><br>ease tick ✓ the box on left margin of appropriate row, v                                     |                                   | N is required and provid  | de the details in the corresponding row)  |
| IDENTITY DETAILS   |                                   |   |   |
| Name of the Applicant     Section 2. Father's / Husband's Name   |                                   |   |   |
| 3 a. Gender Male Female 3 b. Marita  | al Status Single Marrie           |   | PHOTOGRAPH  |
| 3 c. Date of Birth D D M M Y Y Y Y   | a states single ment              |   | Reference office and the second |
| 4 a. Nationality Indian Other(Please Spec  | ify)                              |   |   |
| 4 b. Status Resident Individual Non-Resid  | lent Foreign National             |   | Harvas zejin<br>Agendo Witg   |
| 5 a. PAN   | 5 b. Aadhaar Number, if any       | 에 왜 왜 가 좀 봐   |   |
| 6. Specify the Proof of Identity submitted PAN   | Card Any Other(Please S           | pecify)   |   |
| ADDRESS DETAILS  |                                   |   |   |
| 1. Residence / Correspondence Address: Corr  | respondence Address Res           | sidence Address   |   |
|  |                                   |   |   |
| City / Town / Village  |                                   | ╈╋╋   | PIN Code  |
| State  |                                   | Country   |   |
| 2. Specify the Proof of Address submitted for R  | esidence / Correspondence         | Address:  | and a second  |
| 3. Contact Details: Tel. (Off.)  |                                   |   |   |
| Fax No.  |                                   |   |   |
| Tel. (Res.)  |                                   | 이 전 전 전 값 옷   |   |
| Mobile No.   |                                   |   |   |
| E-mail ID  |                                   |   |   |
| 4. Permanent Address (If different from above. Mar   | idatory for Non-Resident Applicar | tt to specify overseas add  | Iress)  |
|  |                                   |   |   |
| City / Town / Village  |                                   |   | PIN Code  |
| State  |                                   | Country   | Pin coae  |
| DECLARATION<br>ereby declare that the details furnished above are true<br>rein, immediately. In case any of the above informati<br>le for it.<br>te: DD MM YYYYY | ion is found to be false or untr  | knowledge and belief,<br>ue, or misleading or m<br>Signature of the App | isrepresenting, I am aware that I may be t  |
| Originals verified and Self-Attested Document<br>In-Person Verification (IPV) Done:<br>a. Name of the Person<br>b. Designation                                   | OFFICE USE ONLY                   |   |   |
| c. Name of Organisation  |                                   |   |   |
| Signature<br>The Authorised  |                                   |   | Seat / Stamp<br>of the Branch   |
| d. Date D D M M Y  | YYY                               |   |   |

Axis Bank Ltd., Gigaplex Building No. 1, 4th Floor, Plot No. 1.T.5, MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai - 400 708.

1/40

|   | CENTRAL KYC REGISTRY   Know   | w Your Customer (KYC) Application Form   Individual   |
|---|---|---|
| B) Please fill the f<br>C) Please fill the c  | tructions:<br>with '*' are mandatory fields.<br>orm in English and in BLOCK letters.<br>date in DD-MM-YYYY format.<br>weton wise detailed guidelines / instructions | <ul> <li>E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</li> <li>F) List of two character ISO 3166 country codes is available at the end.</li> <li>G) KYC number of applicant is mandatory for update application.</li> <li>H) For particular section update, please tick ( ) in the box available before the section number and strike off the sections not required to be updated.</li> </ul> |
| For office use only<br>(To be filled by financial i   | Application Type* New nstitution) KYC Number Account Type* Norm   | (Mandatory for KYC update request)  |
| 1. PERSONAL DE  | TAILS (Please refer instruction A at the e  | end)  |
|   | Prefix First Name   | Middle Name Last Name   |
| Name* (Same as ID p   | proof)  |   |
| Maiden Name (If any*)   |   |   |
| Father / Spouse Name  |   |   |
| Mother Name*  |   |   |
| Date of Birth*  |   | РНОТО   |
| Gender*   | 🔲 M- Male   | F- Female   |
| Marital Status*   | Married   | Unmarried Others  |
| Citizenship*  | IN- Indian  | Others (ISO 3166 Country Code )   |
| Residential Status*   | <ul> <li>Resident Individual</li> <li>Foreign National</li> </ul>   | □ Non Resident Indian<br>□ Person of Indian Origin  |
| Occupation Type*  | <ul> <li>S-Service ( Private Sector</li> <li>O-Others ( Professional</li> <li>B-Business</li> <li>X- Not Categorised</li> </ul>                                     | Public Sector       Government Sector )         Self Employed       Retired       Housewife         Student)       Student)   |
|   |   | RPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction <b>B</b> at the end)  |
| The second se |   |   |
|   | REQUIRED* (Mandatory only if section 2  | 2 is ticked)  |
|   | e of Jurisdiction of Residence*   | •   |
| Place / City of Birth*  |   | ISO 3166 Country Code of Birth*   |
|   | NTITY (Pol)* (Please refer instruction C  |   |
| And the second states of the second second  | of the following Proof of Identity[Pol] needs   |   |
| <ul> <li>A- Passport Number</li> <li>B- Voter ID Card</li> </ul>  | er  | Passport Expiry Date  |
| C- PAN Card   |   |   |
| D- Driving Licence  |   | Driving Licence Expiry Date   |
| E- UID (Aadhaar)  |   |   |
| F- NREGA Job Car  | d   |   |
| Z- Others (any docu   | ment notified by the central government)  | Identification Number   |
| S- Simplified Meas  | ures Account - Document Type code   | Identification Number   |
| 4. PROOF OF AL  | DRESS (PoA)*  |   |
| and discovered cars that  | MANENT / OVERSEAS ADDRESS DETAIL  | _S (Please see instruction D at the end)  |
| (Certified copy of any one  | of the following Proof of Address [PoA] need  | ds to be submitted)   |
| Address Type*   | ]Residential / Business 🛛 🗌 Res   | sidential 🔄 Business 🔄 Registered Office 🔤 Unspecified  |
| Proof of Address*   | Passport Driv   | ving Licence 🛛 UID (Aadhaar)  |
| Ē   | Voter Identity Card   | EGA Job Card 🗌 Others   |
| Address   | Simplified Measures Account - Docu  | ument Type code   |
| Line 1*   |   |   |
| Line 2  |   |   |
| Line 3  |   | City / Town / Village*  |
| District*   | Pin / Post Coo  | de* State / U.T Code* ISO 3166 Country Code*  |

| Line 1*  | anent :  | / Overs  | seas Ad   | dress                                | details                         | (In ca                  | ase of  | fmult           | tiple o              | orresp               | onde               | nce /   | local  | add   | ress   | es, p  | leas  | e fill | An        | nex   | ure   | AI)     |       |        |                   |      |
|--|--|--|---|--------------------------------------|---------------------------------|-------------------------|---------|-----------------|----------------------|----------------------|--------------------|---------|--------|-------|--------|--------|-------|--------|-----------|-------|-------|---------|-------|--------|-------------------|------|
|  |  |  |   |                                      |                                 |                         |         |                 | 1                    |                      |                    |         |        | 1     |        |        |       |        |           | 1     |       | Ĩ       | 1     |        |                   |      |
| Line 2   |  |  | 11  |                                      |                                 |                         |         |                 |                      |                      | 1                  |         |        |       |        | I.     |       |        |           | 1     |       |         |       |        |                   |      |
| Line 3   |  |  |   |                                      |                                 |                         |         |                 |                      |                      |                    |         |        |       | Cit    | y/1    | Towr  | n / V  | (illag    | je*   |       |         |       |        |                   |      |
| District*  |  |  |   | F                                    | Pin / F                         | Post C                  | ode*    |                 |                      |                      |                    | S       | tate   | / U.  | T Co   | de'    | *     |        |           | ISC   | 31    | 66 (    | Cour  | ntry ( | Code              | •*   |
| 4.3 ADDRESS IN THE   |  |  |   |                                      |                                 |                         |         | IT IS           |                      |                      |                    |         |        |       |        |        |       |        |           |       | plica | able    | if se | ction  | 2 is ti           | icke |
| Same as Current / Pern   | anent  | / Overs  | eas Ad  | dress                                | details                         | r<br>T                  | _       | _               |                      | Same                 | as C               | orres   | oond   | ence  | e / Lo | cal /  | Addr  | ess    | deta      | ils   | _     | _       |       |        |                   |      |
| ine 1*   |  |  |   |                                      |                                 |                         | -       |                 | -                    |                      | +                  | -       | _      |       | -      | +      |       | -      | -         | -     | -     | +       |       |        | ++                | _    |
| ine 2  |  |  |   | ++                                   |                                 |                         | -       |                 |                      |                      | 1                  |         | -      |       | Cit    |        | own   | 110    | lloa      | .*    |       | +       | -     |        |                   | _    |
| Line 3   |  | 11   | 11  |                                      | 11                              |                         |         |                 | 2                    |                      | Post               | Code    | •      | T     |        |        |       | ]      | 101100120 |       | 316   | 36 C    | oun   | try C  | Code*             | •    |
|  | S (All c   | ommun  | ications  | will be                              | sento                           | n provi                 | ded M   | lobile          | no / F               | -mail-II             | )) (Pl             | ease r  | efer i | nstru | ction  | Fat    | the   | end)   |           |       |       |         |       |        |                   |      |
|  |  | Cininan  | reations  | T I                                  | Jente                           | Tel. (F                 |         | ioone           | 10.71                |                      |                    | cube i  | erer i |       | CLION  |        | Mobi  |        |           |       |       |         | 1     |        |                   |      |
| X  |  |  |   |                                      | -                               | Email                   | 122.000 |                 |                      |                      | -                  |         | 4      |       | _      | +      |       |        |           | 1     |       | _       | -     |        | +-                |      |
|  | 5  |  |   |                                      | -                               |                         |         |                 |                      |                      | _                  |         |        |       |        |        |       |        |           | 1     |       | _       | -     |        | _                 |      |
| 6. DETAILS OF RELA<br>Addition of Related Person   |  |  | N (In a<br>of Rela  |                                      |                                 | onal rela               | ated p  | ersor           |                      | ase fill<br>Numb     |                    |         |        |       |        |        |       | tion   | G at      | the   | end)  |         |       | TT     |                   |      |
| lated Person Type*   | and the second second  |  | an of M   |                                      |                                 |                         | As      | sian            |                      | Tuanto               |                    | -       |        |       |        |        | sent  | ative  | e         |       | 11    | - K.    |       |        | 100 110           |      |
| addar croon type   |  | refix  |   |                                      | First                           | Name                    |         | - ang in        |                      | <u>0</u> -0          |                    |         | iddle  |       |        | spic   | COTIC |        |           |       |       | L       | ast   | Nam    | е                 |      |
| ame*   |  |  |   |                                      |                                 |                         |         |                 |                      |                      |                    |         |        |       |        |        |       |        |           |       |       |         |       |        |                   |      |
|  | (If K  | (YC nun  | nber and  | d name                               | are p                           | ovided,                 | below   | w deta          | ails of              | section              | 6 are              | optio   | nal)   |       |        |        |       |        |           |       |       |         |       |        |                   |      |
| PROOF OF IDENTITY (F   | ol] OF F   | RELATE   |   | SON* (                               | Please                          | see in                  | structi | on (H           | ) at the             | e end)               |                    |         |        |       |        |        |       |        |           |       |       |         |       |        |                   |      |
| A- Passport Number   |  | TTT 1  | TT  | TT                                   | 1                               |                         |         |                 |                      |                      |                    | Pas     | spor   | t Ex  | piry   | Dat    | te    |        | 10        | 0     | 1-1   | 38 3    | (i)   | Y.     | 8 8               | ¥.   |
| B- Voter ID Card   |  | - m  | ŤŤ  | ŤŤ                                   | ŤΠ                              |                         |         |                 |                      |                      |                    |         |        |       |        |        |       |        |           |       |       |         |       |        |                   |      |
| C- PAN Card  |  |  | TT  | TT                                   | 11                              |                         |         | dimental second |                      |                      |                    |         |        |       |        |        |       |        |           |       |       |         |       |        |                   |      |
| D- Driving Licence   | F  |  | 11  |                                      |                                 |                         |         | T T             |                      |                      |                    | Driv    | ina l  | ice   | nce    | Exp    | iry F | Date   |           | Lo.   | 1-1   | 10.0    | i     | ÍV.    | 212               | N    |
| E- UID (Aadhaar)   |  |  |   | 11                                   |                                 |                         | -       |                 |                      |                      |                    | 5       |        |       |        |        |       |        |           | -     |       |         |       |        |                   | -    |
| F- NREGA Job Card  |  |  | TT  | TT                                   | ŤŤ                              |                         | -       | TT              |                      |                      |                    |         |        |       |        |        |       |        |           |       |       |         |       |        |                   |      |
| Z- Others (any docum   |  | fied by  | the cor   | tral a                               | wernn                           | ant)                    |         | 11              | _                    | _                    |                    |         | Id     | onti  | ficat  | ion    | Nun   | nha    | -         | Ê     | 11    | -       | 1     | Î      |                   |      |
| S- Simplified Measur   |  |  |   |                                      |                                 |                         | -       |                 | -                    |                      |                    | _       |        |       |        |        | Nun   |        |           | Ť     |       | +       | 1     | Ħ      | +                 |      |
| 7. REMARKS (If any)  |  |  |   |                                      |                                 |                         |         |                 |                      |                      |                    |         |        |       |        |        |       |        |           |       | 1     |         |       | 1      | _                 |      |
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| therein, immediately. In case any<br>for it.   | urnished a<br>of the abo   | above are<br>ove inform  | e true and o<br>nation is fo                                  | ound to b                            | e false o                       | r untrue (              | x misle | ading           | or misre             | presenti             | ıg, Laır           | n aware | that I |       |        |        |       |        |           | 15,9  | nalur | e (itte | umbli | white  |                   |      |
| I hereby declare that the details therein, immediately. In case any for it.  | urnished a<br>of the abo   | above are<br>ove inform  | e true and o<br>nation is fo                                  | ound to b<br>egistry th              | e false o                       | r untrue (              | x misle | ading           | or misre             | presenti             | ıg, Laır           | n aware | that I |       |        |        |       |        | Sign      |       |       |         |       |        | sion]<br>of Appli | cant |
| I hereby declare that the details to<br>therein, immediately. In case any<br>for it.<br>I hereby consent to receiving info   | urnished a<br>of the abo<br>rmation fr                                 | above are<br>ove inform<br>rom Centra                                      | true and t<br>nation is fo<br>al KYC Re                       | ound to b<br>egistry th<br>P         | e false o<br>rough Si<br>lace : | r untrue (              | x misle | ading           | or misre             | presenti             | ıg, Laır           | n aware | that I |       |        |        |       |        | Sign      |       |       |         |       |        |                   | cant |
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| hereby declare that the details therein, immediately. In case any for it.<br>hereby consent to receiving info<br>Date :  | inished a<br>of the above<br>mation fr<br>- V V<br>C C el<br>erson Ver | above are<br>ove inform<br>rom Centra<br>FFICE<br>artified (<br>rification | e true and in<br>nation is fo<br>al KYC Re<br>USE 1<br>Copies | P ONLY COULY COULY                   | e false (<br>rough Sl<br>lace : | r untrue (<br>VIS/Email | on the  | ading<br>ab ove | ar misre<br>register | ed numb              | ıg, Iam<br>er/em a | n aware | that I |       | e heid | liable | TITUT | TION   | I DE      | TAIL  | / Thu |         |       |        |                   | cant |