



## TRADING MODIFICATION FORM

**To,**  
**GANGANAGAR COMMODITY LIMITED**  
Corporate Identity No. (CIN): U51109UP1994PLC016647  
Account Opening Department,  
3rd Raghukul Tower,  
Khatipura T-Point, Sirsi  
Road  
Jaipur-302021  
  
Dear Sir / Madam,

**Date:**

I / We would request you to carry out the following changes in my Trading ID \_\_\_\_\_

Please update following information in your records: -

<b>DETAILS</b> (Please specify- Mob. No. , Email Id, Address etc.)	<b>Addition / Modification</b> / Deletion (Please specify)	<b>Existing Details</b>	<b>New Details</b>
Mobile no.			
Email Id.			
Address			

**I /We request Ganganagar Commodity Ltd. to send all my account related information at the above-mentioned contact details till further notification.**

I/We also undertake not to file any Suit, Claims, initiate Legal proceedings in any Arbitration Forum, Court of Law, Legal Forum, Tribunal or before any Regulatory Authorities against Ganganagar Commodity Ltd. or its Directors or its Employees in connection with non-receipt of Digital Contract Notes and Statement of Accounts if the same is henceforth sent to the contact details mentioned above.

I/We further undertake that I/we shall indemnify and keep indemnified Ganganagar Commodity Ltd. or its Directors or it's Employees from and against any loss, claims, liabilities, obligations, damages, deficiencies, actions, suits, proceedings or liability suffered or incurred or fastened due to any incorrect, wrong, false, misleading representations provided /disclosed by me/us to Ganganagar Commodity. Ltd..

Account Holder Name \_\_\_\_\_

Account Holder Signature \_\_\_\_\_  
First / Sole Holder



# Ganganagar Commodity Limited

3<sup>rd</sup> Floor, Raghukul Tower, Khatipura T-Point, Sirsi Road, Jaipur-302021 (Raj)

## Account Details Addition / Modification / Deletion Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID	1	2	0	8	2	4	0	0	Client ID	0	0						
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Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of address / signature in the demat account
- I/We request to carry out the change of address / signature in the KRA and demat account

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

DETAILS (Please specify change of Address, bank details, telephone number ,nomineeetc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details
<b>BANK</b>			
<b>MOB.</b>			
<b>EMAIL</b>			
<b>NOMINEE</b>			
<b>SIGNATURE</b>			
<b>OTHER (specify)</b>			

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

======(Please Tear Here)=====

**Acknowledgement Receipt**

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

**Depository Participant Seal and Signature**