REQUEST FOR CHANGE IN ADVISOR DETAILS **Advisor Code** Advisor Name Contact Nos. PLEASE FILL THE DETAILS WHEREVER APPLICABLE Change in Name (Please fill the Name as you want it to appear) Mr./Ms./Mrs. First Name Middle Name Surname Note: Supporting proofs will have to be submitted as per norms [i.e. Marriage Certificate / Gazette Copy / Adoption Deed / Divorce Deed] Change in Address Note: Supporting address proofs will have to be submitted as per norms. [i.e. Utility bills / Bank statement / Ration Card / Passport / Driving Licence] Change in Date of Birth DOB D D M M Y Y Y Note: Supporting proofs will have to be submitted as per norms. [i.e. Birth Certificate / Driving Licence / Passport] **Change in Contact Details** STD Residence Contact Nos. E-Mail ID Composite License Conversion / Merger of Licence Life Licence Number _ General Licence Number _ Note: Post merger, the licence which is going to expire first or is already expired will be retained. **Prupartner ID** New ID Creation ID Resetting Rectification in Licence Reason for Rectification Rectification in Welcome Kit Reason for Rectification _ Request for NOC Request Letter Submitted No ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for change in: Address Date of Birth Contact Details Composite License Conversion Prupartner ID Name Licence Rectification Welcome Kit Rectification NOC Request PAN Updation Request for cancellation of License Aadhaar Updation GSTIN Updation Notice of Advisor Nomination STAMP **Date** | D | D | M | M | Y | Y | Advisor Code & Received By

Request for Updating PAN								
PAN Available Yes No								
	PAN Number							
	Name (as it appears on the PAN Card)							
	Document Submitted:	PAN Card	Сору					
Request for Updating Aadhaar								
	Aadhaar Number							
	Name (as it appears on							
	Document Submitted.							
Request for Updating GSTIN								
	GSTIN Number							
	Name (as it appears on the GSTIN Certificate)							
	Document Submitted: GSTIN Certificate GSTIN Acknowledgment Copy							
	Notice of Advisor Nomination Appointment of Fresh Nominee(s) / Change of existing Nominee(s) as given below							
	Name of Nominee	Date of Birth	Mobile no & Email id	Communication Address	Relationship with Advisor	Gender	Share %	
	In case the nominee is m	ninor, please fil	l Appointee details					
	Execute at The day of, 20							
APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE IS A MINOR (Appointee must be above 18 years of age)								
	The nominee(s) being minor, I hereby appoint the below as the Appointee(s)							
	Name of Appointee	Date of Birth	Mobile no & Email id	Communication Address	Relationship with Nominee	Gender	Share %	
	In case the nominee is minor, please fill Appointee details							
	Execute at The day of, 20							
	Name and Signature of the Appointee:							
	Signature of the Advisor Note: I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me.							
	Any changes in the Personal Details are subject to the verification of supporting documents.							
FOR OFFICE USE ONLY:								
	Spaarc Call ID	(STAMP					
	Scanning Cabinet	ninet Received By				& TIME		
	Remarks					1 1141 L		

Kindly call our Customer Service Number 1800 2660 (Toll-free)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

