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 Pin Code 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 ISD Mobile Contact Nos. E-Mail ID Composite License Conversion / Merger of Licence **General Licence Number** Life 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 Yes 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 Licence Rectification Welcome Kit Rectification NOC Request Request for cancellation of License PAN Updation Aadhaar Updation GSTIN Updation Notice of Advisor Nomination STAMP **Date** | D | D | M | M | Y | Y | Y | Y **Advisor Code** 8 TIME Received By

	Request for Updating PA	AN						
	PAN Available Yes	s 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: Aadhaar Card Copy							
Request for Updating GSTIN								
	GSTIN Number							
	Name (as it appears on							
	the GSTIN Certificate) Document Submitted: GSTIN Certificate GSTIN Acknowledgment Copy							
	Document Submitted.		icate GOTIN ACKIN	- Contract Copy				
	Notice of Advisor Nomin	nation						
	Appointment of Fresh Nor		-					
	Name of Nominee	Date of Birth	Mobile no & Email id	Communication Address	Relationship with Advisor	Gender Share	e %	
	In case the nominee is m	ninor, please fill	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	2 %	
	Name of Appointed	Date of Birtin	Woolie no a Emairia	Communication Address	Treationship with Norminee	Gender Share	3 70	
	In case the nominee is minor, please fill Appointee details							
	Execute at			, 20				
		•••						
	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 ON	OR OFFICE USE ONLY:						
						STAMP		
	Scanning Cabinet					& TIME		
	Remarks							

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

