



InvestMentor Securities Ltd.

37-38, B-Block, 2nd Floor, Ajanta Commercial Centre, Nr. Income-Tax, Ashram Road, Ahmedabad -14.

☎ : 079-27545270, 27544392, ✉ : info@investmentoronline.com

Form for updation of E-mail ID, SMS Alert, Mobile No. & Income Range for DORMANT ACCOUNT

DORMANT ACTIVATION I / We here by request you to active my DEMAT ACCOUNT TRADING ACCOUNT

DP ID **IN 301233** Client ID _____ Trading Code _____

I/We the account holder(s) of the above demat & trading account, would like to update the below mentioned E-mail ID, Mobile No. (s) and income range in above mentioned demat & trading account.

1 st Holder Mobile No.										
2 nd Holder Mobile No.										
3 rd Holder Mobile No.										

1 st Holder Email ID	
2 nd Holder Email ID	
3 rd Holder Email ID	

1st Holder Income Range-individual	<input type="checkbox"/> Below Rs. 1 Lacs.	<input type="checkbox"/> Rs. 10 Lacs to Rs. 25 Lacs
	<input type="checkbox"/> Rs. 1 Lacs to Rs. 5 Lacs	<input type="checkbox"/> More than Rs. 25 Lacs
	<input type="checkbox"/> Rs. 5 Lacs to Rs. 10 Lacs	
Income Range - Non individual	<input type="checkbox"/> Below Rs. 1 Lacs.	<input type="checkbox"/> Rs. 10 Lacs to Rs. 25 Lacs
	<input type="checkbox"/> Rs. 1 Lacs to Rs. 5 Lacs	<input type="checkbox"/> More than Rs. 25 Lacs
	<input type="checkbox"/> Rs. 5 Lacs to Rs. 10 Lacs	

I/We hereby declare as detailed below for Mobile Number and E-mail ID belongs to :

Holder	Mobile		E-mail	
1 st Holder	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child
2 nd Holder	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child
3 rd Holder	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Child

I/We agree to immediately inform **Investmentor Securities Ltd.** about any change in E-mail address and Mobile no. if any.

	NAME	SIGNATURE
Self / 1 st Holder		X
2 nd Holder		X
3 rd Holder		X

PLACE : _____ DATE : - - 202

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