



ASBA BENEFICIARY MODIFICATION FORM

(Pls fill the form in BLOCK Letters)

Modify the registration details as follows:

Self
(Individual)

Cross Beneficiary
(HUF/Minor/Non-Individual)

Third Party CASA
(Cross Funding)

Beneficiary ID: _____

New Investors Details

First Account Holder Name: _____

Customer Relationship No (mandatory field): _____
(Investor needs to mandatorily hold a CASA with KMBL even though the funding may not be done from the same account)

Joint Account Holder (s) Name: _____

Depository Name (pls tick one): NSDL CDSL

DP Name (pls tick one): KMBL Other (pls specify) _____

If DP Account held with NSDL pls provide DP ID: _____ Client ID: _____

If DP Account held with CDSL pls provide Beneficiary Account: _____

PAN of the First Holder: _____

Signature of all _____
DP Account holder (s)

Dated: __/__/____

New Debit Account Details

I/We intend to subscribe to Issues and I/ We hereby authorize the Bank to block/debit my/our following account ("Debit Account") for the purpose of ASBA Issue subscription/application.

I/We intend to subscribe to Issues and I/ We hereby authorize the Bank to block/debit my/our following account ("Debit Account") for the purpose of ASBA Issue subscription/application in favour of the aforementioned Investor/Beneficiary.

Customer Relationship Number:

First Account Holder Name: _____

Joint Account Holder (s) Name: _____

Bank Account No: _____ Branch _____

Beneficiary Limit Set Up: (Applicable only in the case of cross funding)

Maximum Amount: _____



[Debit account holder declaration:

- I/We have read and understood the General terms and conditions of service of the Bank and agree to be bound by the same including those that may be amended from time to time by the Bank.
- For this facility (ASBA), I/We authorize the Bank to block my/our account, hold funds / make payments towards ASBA Issue Application
 - (a) Made by me/us from time to time from my/our Debit Bank Account whether through branch or Net Banking or CCC or any other channel offered by the Bank.
 - or
 - (b) on behalf of the beneficiary/Investor registered under the investors section in the registration form as per application made by him/them whether through branch or Net Banking or CCC or any other channel offered by the Bank, as the case may be.
- I/We agree to maintain clear funds in the Debit Account for the purpose of ASBA Issue Application made from time to time by me/us/Investor. I/we understand that the said application is subject to rejection by the Bank in case of shortage of funds in the Debit Bank Account. I/We agree that no funds would be allowed to be withdrawn or utilized from the Debit Account to the extent of the said Issue Application amount held in the said Debit Account till withdrawal/ rejection of the ASBA or receipt of instruction from the Registrar to the Issue for unblocking the Debit Bank Accounts for the purpose of transferring the funds to the Issuer’s account designated for this purpose within the timelines specified in the ASBA facility.
- I/We understand that any cheques issued by me/us against the ASBA Issue Application amount, for the Issues applied from time to time by me/us/ the Investor, in the Debit account held under this ASBA arrangement shall be returned unpaid.
- I/We further agree that Bank may use the combined balance available in the Debit Bank Account (including the sweep out TD linked to such Debit Bank Account) for marking hold/debit to the said Debit Bank Account.
- I / We further agree that the Bank may debit the said Debit Account for service charges (inclusive of taxes) as applicable from time to time.
- I/We further declare and state that, the terms and conditions of the ASBA Application(s)/ Applications submitted by me/us from time to time shall be binding upon me/us.

Signature of _____
Account holder (s) as per mode of operation

Dated: __/__/____

New Cross Beneficiary details (Karta/Guardian/Authorised Signatories/ (“Authorised Signatories”)

Customer Relationship Number: _____

Name of the Authorised Signatories: _____

PAN of the Authorised Signatories _____

[Cross Beneficiary Declaration:

- I/We have read and understood the General terms and conditions of service of the Bank and agree to be bound by the same including those that may be amended from time to time by the Bank.
- I/We understand that I/we shall be bound by the terms and conditions of the Issue (s) as may be applied by me/us as a Representative from time to time including those that may be amended from time to time.
- I / We acknowledge that the Bank may at its discretion, discontinue any of these services completely or partially without notice to me / us.
- If the DP ID, Client ID or PAN furnished by us in this form is incorrect or incomplete, the ASBA shall be rejected and the Issuer or SCSB shall not be liable for losses, if any

Signature (s) of the Authorised Signatories _____,

Dated: __/__/____

For Bank Use Column

Signature Verified By (Name, Sign and Emp Code)	Inputted By (Name, Sign and Emp Code)	Checked By (Name, Sign and Emp Code)	Recd Date and Time	Executed Date and Time