

Date:

To,
SKP Securities Limited
'Chatterjee International Centre'
33/A, Jawahar Lal Nehru Road
Kolkata – 700 071

Dear Sir,

Re: Request for Activation of Dormant Account –Trading Code: _____

I / We _____ is/are maintaining the above trading account with you.

I/We have not operated the said trading account for a long time and understand that due to security reasons; the Member has classified the said account as “dormant”. I/We now would like to operate the said trading account regularly and request you to re-classify the account as “active”. I/We have received all the contract notes and obligation statement since account opening whose details are reflected in my ledger account. Further I/We agree to update the financial details every year as per regulatory requirements.

As required please find enclosed one financial document from the following prescribed document duly attested by me/us along with Pan Card:

- Copy of ITR Acknowledgement
- Copy of Annual Accounts
- Copy of Form 16 in case of salary income
- Net-worth certificate
- Salary Slip
- Bank account statement for last 6 months
- Copy of Holding statement of de-mat account
- Any other relevant documents substantiating ownership of assets
- Self declaration along with relevant supporting

Additional document submitted by us as it is Corporate Trading Account:

- Audited Financial Statements
- Share Holding Pattern

I/We agree to pay all the pending / recoverable charges in my account.

Yours truly,

Signature(s)
(to be signed by account holders as per operating instructions)

FOR OFFICE USE ONLY

Signature(s) Verified by
Account Activation

Date: ____/____/____

Signature(s) of SKP Officials: _____

AUTHORISATION FOR ELECTRONIC CONTRACT NOTES & STATEMENT OF FUNDS AND SECURITIES

To
SKP Securities Ltd.
Level 21, Chatterjee International Center
33A, Jawaharlal Nehru Road
Kolkata - 700 071

I/We have been / shall be dealing through you as my / our broker on the Capital Market and/ or Futures & Options Segments/
Currency Derivative Segments.

I / We understand that, I / we have the option to receive the contract notes & quarterly statement of funds and securities
in physical form or electronic form. In pursuance of the same, I / we hereby opt for receipt of contract notes in electronic
form. I / We understand that for the above purpose, you are required to take from the client "an appropriate email account"
for you to send the electronic contract notes & quarterly statement. Accordingly, please take the following email account(s)
/ email id on your record for sending the contract notes & quarterly statement of funds and securities to me / us.

E-mail Id (a)		
	(Primary - compulsory)	Signature of Client
(b)		
	(Alternate - optional)	Signature of Client

I / We agree not to hold you responsible for late / non-receipt of contract notes & quarterly statement of funds and
securities sent in electronic form and any other communication for any reason including but not limited to failure of email
servers, loss of connectivity, email in transit etc. I / we agree that the log reports of your dispatching software shall be a
conclusive proof of dispatch of contract notes & quarterly statement of funds and securities to me/us and such dispatch
shall be deemed to mean receipt by me/us and shall not be disputed by me / us on account of any non-receipt / delayed
receipt for any reason whatsoever.

I / We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s)/
email id(s).

I/We understand that I am required to intimate any change in the email id/email account mentioned herein above needs
to be communicated by me through a physical letter to you, provided however that if I/we am/are an internet client then in
that event the request for change in email id/email account can be made by me/ us through a secured access using client
specific user id and password. Please treat this authorization as written ratification of my / our verbal directions /
authorizations given and carried out by you earlier. I/We shall be liable for all losses, damages and actions which may
arise as a consequence of your adhering to and carrying out my/our directions given above.

Thanking you,

Yours faithfully,

✓ _____
Signature

Client Code : _____

(Note : To be signed by person himself/herself and not to be signed by his/her attorney/authorised person etc.)

CONSENT LETTER FOR EMAIL AND MOBILE ALERT FACILITIES

Dated : _____

To
SKP Securities Ltd.
Level 21, Chatterjee International Center
33A, Jawaharlal Nehru Road
Kolkata - 700 071

Sir,

This is with reference to my/our trading account opened with you; I/we request you to arrange facility of receiving email and/or mobile alert facility issued by Exchange in compliance with regulations and guidelines issued by concerned authorities from time to time.

Email Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Email ID	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓
SMS Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile Number	
Owned by - Name	
- PAN Number*	
Relationship with Client	
Signature of the Client	✓

* Please specify the Name and PAN detail in case email id and/or Mobile Number is other than that of the client.

In this regards we state the following :

1. This is to further confirm that it will be my/our responsibility that aforesaid Email ID and/or Mobile Number are active and the relevant Inbox is not full. Further, the trading member will not be held liable for the mails and / or SMS alert not received.
2. I/we undertake that any change in my/our Email ID and/or Mobile Number shall be communicated to you in writing through a physical letter.
3. I/we agree that this authority shall be valid, until it is revoked by me/us at any time by giving a written notice to **SKP Securities Ltd.**

✓ _____
Signature of Client

VOLUNTARY

AUTHORITY LETTER FOR RUNNING ACCOUNT OF FUNDS & SECURITIES

Date : _____

To

SKP Securities Ltd.

Level 21, Chatterjee International Center

33A, Jawaharlal Nehru Road

Kolkata - 700 071

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds and securities on my/our behalf without settling the account on settlement of each transaction. I/We further request you to retain all amounts and securities receivable by me/us until specifically requested by me/us to be settled or to be dealt with in any other manner.
2. I/we understand and agree that no interest will be payable to me/us on the funds or securities so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and even holding Depository Account with you, hence have various accounts with you. In this regard I/we hereby authorize **SKP Securities Ltd.** to act at its discretion of adjusting any credit balance under my/ our various account against the debit in any account across segments/Exchange, without taking any further instruction from me/us.
4. I/we also confirm that the securities lying in my withhold A/c should be considered as margin deposit / collateral.
5. I/we authorize you to set off a part or whole of the margin deposited by me/us. Against any of my / our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin.
6. I/we may revoke the authorization at any time by giving a written notice.
7. I/we also agree that the actual settlement of fund and securities shall be done by us , at least once in a calendar quarter or month and the statement of account for the same will be provided to me by **SKP Securities Ltd.**
8. I/we agree that fund given towards collaterals/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
9. I/we agree that (a) in respect of derivatives market transactions, the Trading Member may retain the requisite securities / funds on settlement date to take care of any margin obligation arising in next 5 days, calculated in the manner specified by the Exchange, (b) in respect of cash market transactions, the Trading Member may retain entire pay-in obligations of funds & securities due from me/us as on the date of settlement to take care of margin obligation in next 5 days, calculated in the manner specified by the Exchange.
10. I / we authorise you to retain an amount upto ₹ 10,000/- (consolidated amount across segments and across stock exchanges) for actual settlement of that respective traded quarter / month.
11. I/we agree/understand that there shall be no inter-client adjustment for the purpose of settlement of running account.
12. I /we shall bring any dispute arising from the statement of account or settlement so made to the Notice of the Trading Member preferably within 7 working days from the date of receipt of funds / securities or statement as the case may be.

PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUND & SECURITIES)

Settlement Preferences ☐ Monthly ☐ Quarterly

Thanking you,

Yours faithfully,

✓ _____
Signature

(Note : To be signed by person himself/herself and not to be signed by his/her attorney/authorised person etc.)

VOLUNTARY

Know Your Client
Application Form (For Individuals only)
(Please fill the form in English and in BLOCK Letters)
Fields marked with * are mandatory fields

Application Type* ☐ New ☐ Update KYC Number*
KYC Type* ☐ Normal (PAN is mandatory) ☐ Simplified (for low risk Clients) ☐ Small

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Prefix First Name Middle Name Last Name

Name* (same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others Country Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorized

Photo

Signature/Thumb Impression

2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please see instruction - C at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

☐ A- Passport Number Passport Expiry Date

☐ B- Voter ID Card

☐ C - PAN CARD

☐ D- Driving Licence Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S - Simplified Measured Account Document Type Code Identification Number

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2*

Line 3* City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number Passport Expiry Date

☐ Voter ID Card

☐ Driving Licence Driving Licence Expiry Date

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

☐ S - Simplified Measured Account Document Type Code Identification Number

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1, Submit relevant documentary proof)

Line 1*

Line 2*

Line 3* City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID																														
Mobile			-						Tel. (Off)				-						Tel. (Res)				-							

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

[illegible]

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*

[illegible][illegible]

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

--	--	--	--	--	--	--	--

 Passport Expiry Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

☐ E- Aadhaar Card

[illegible]

☐ 7- Others (any document notified by the central government) Identification Number

<input type="checkbox"/> E - Others (any document notified by its central government)	
<input type="checkbox"/> S - Simplified Measured Account Document	Type Code Identification Number

7. Remarks (If any)

[illegible]

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD-MM-YYYY Place:

Signature / Thumb Impression of Applicant

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received ☐ (Original verified) Self certified Document copies received

KYC Verification Done										Institution Details										
Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Emp.Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	[Institution Stamp]									
[Employee Signature]																				

In-Person Verification Done												Institution Details																			
Date	<div style="display: flex; justify-content: space-between;"><div><div>D</div><div>D</div></div><div>—</div><div><div>M</div><div>M</div></div><div>—</div><div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div></div>																														
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[Employee Signature]												[Institution Stamp]																			

INCOME DECLARATION

To
SKP Securities Limited
Chatterjee International Centre, Level 21
33A Jawaharlal Nehru Road
Kolkata 700071.

Ref: Trading account No.: _____ Demat account No.: _____

Dear Sir,

This is to inform you that my Gross Annual Income details for the Financial Year 2020-2021 is within the below mentioned range:

- a) Below Rs. 1 lac b) Rs. 1 lac to Rs. 5 lacs c) Rs. 5 lac to Rs. 10 lac
d) Rs. 10 lacs to Rs. 25 lacs e) Between Rs.25 lakhs to Rs.1 crore g) More than Rs. 1 crore

I hereby confirm that the investments/trading done by me in the securities market are from our own/borrowed sources* of funds and we confirm that the funds utilized are in compliance with the rules, regulations and guidelines stipulated under PMLA.

I further confirm that the values of assets held in the above demat account are of my own source of Income/by way of inheritance

Yours faithfully

Signature

Name of Client: _____

Date - _____

* In case of borrowed funds, please provide the details of the source and amount borrowed.

Source of borrowed funds (if any)	Amount (Rs)

Date:

To
SKP Securities Limited
Chateerjee International Centre
Level- 21 33A Jawaharlal Nehru Road
Kolkata- 700071

[Please tick (v) wherever applicable]

DP ID		Client ID		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).					
Signature of account holder					
Name of account holder					

**** Please provide separate Email ID and Mobile no in case except of your family members. (*spouse, dependent children and dependent parents*).**

Date:

To
SKP Securities Limited
Chateerjee International Centre
Level- 21 33A Jawaharlal Nehru Road
Kolkata- 700071

[Please tick (v) wherever applicable]

UCC		Name		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).					
Signature of account holder					
Name of account holder					

**** Please provide separate Email ID and Mobile no in case except of your family members. (*spouse, dependent children and dependent parents*).**

Date

SKP Securities Limited
Chatterjee International Centre
Level- 21, 33A Jawaharlal Nehru Road
Kolkata- 700071

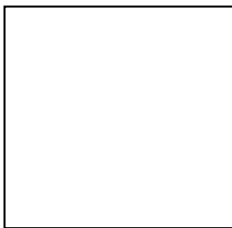
I,
residing at.....,
having trading account with you with Client Code No.....do hereby authorize
my.....Shri/Smt.....
a resident of
having mobile no and Email ID
who is not Politically exposed person/relative of politically exposed person/ barred by any regulatory entity to
trade in securities, future & options & currency market, whose signature is attested herewith to do the
following act whether verbally, over phone or in writing on my behalf :

- a. Act as my authorized representative to place orders with you on my behalf, for purchase or sale of securities, trade in future & options & currency market and modify/cancel such order whether in part or in full;
- b. Purchase or sell securities, trade in future & option & currency market;
- c. Accept contract note or ledger statement; give instruction to you for making payment for amount due against my outstanding.

I/we hereby confirm and declare that my/our relation with the Authorized representative as mentioned above is true and correct.

I agree, confirm, ratify all acts, deeds, things of whatsoever nature done by him by virtue of this authority and confirm that any act done by him shall be construed to be done by me and I shall absolve you of all the liability at all times in this regard.

Signature of Client
Name of Client -



.....
Signature of Authorized Person

Photo of authorized person duly signed across:

ATTESTED BY ME: Signature of Client - -----

Thanking You
Yours Sincerely

Signature of Client: _____

Relation: Father/Mother/Grandfather/ Grandmother/ Son/Daughter/ Grandson / Grand Daughter/ Spouse

FATCA/CRS DECLARATION FORM - FOR INDIVIDUAL

Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :

- a) Birth _____ b) Citizenship _____
c) Residence for Tax Purposes _____

2. US Person* : ☐ Yes ☐ No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :
- | | |
|----------------|------------------------|
| i) TIN _____ | Country of Issue _____ |
| ii) TIN _____ | Country of Issue _____ |
| iii) TIN _____ | Country of Issue _____ |
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate
- _____

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I/we certify that :

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- (ii) I/We understand that SKP Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SKP Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities SKP Securities Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature : _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Please tick document being submitted)

☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

Account Details Addition/Modification/Deletion Request Form

(Trading & DP A/c)

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please tick mark on the appropriate column

B/O Ref. No. _____

Date: _____

To,

SKP Securities Ltd. | 33A, Jawaharlal Nehru Road | Chatterjee International Centre | 21st Floor | Kolkata-71

1. I/We hereby request you to make the following changes in my/our account details in your records.

☐ 1. Change of Address ☐ 2. Change of Bank ☐ 3. Updation of Aadhar No. ☐ 4. Change of Contact Details ☐ 5. Updation of Family Flag ☐ 6. Change of Demat Account. (Only Trading A/C) ☐ 7. Updation of Income Details ☐ 8. Other Details Changes

NSDL DP ID : I N 3 0 2 6 4 6 Client ID : _____

CDSL DP ID : 1 2 0 2 1 8 0 0 Client ID : _____

Client Code : _____

1. Below mentioned Address Changes will be updated in Demat/Trading/KRA/&CKYC Records. (CKYC form applicable for individual & should be submitted)

Address Details	Existing Details	New Details
<input type="checkbox"/> Correspondence Address	Address :	Address :
	City : Pin code :	City : Pin code :
<input type="checkbox"/> Permanent Address	Address :	Address :
	City : Pin code :	City : Pin code :

2. Bank Details Addition / Modification / Updation in Demat & Trading A/C :

Bank Details	Existing Details	New Details
Trading:-	Bank Name :	Bank Name :
<input type="checkbox"/> Add New as a Primary Bank (This bank will be updated as default bank for PAYOUT)	Bank Address :	Bank Address :
<input type="checkbox"/> Add New Bank as a Secondary		
<input type="checkbox"/> Modify the Bank Details	A/C No. : A/C Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> O/D MICR :	A/C No. : A/C Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> O/D MICR :
Demat:-	Note: *9 digit codes of the bank & branch appearing on the cheque issued by the Bank. For availing ECS facility, MICR code is mandatory.	
<input type="checkbox"/> Modify the Existing bank details	IFSC Code :	IFSC Code :

* Attached Preprinted cancel cheque, if not printed then latest bank statement/passbook (not more than 3 months old) is required.

3. Updation of Aadhaar No. (for Demat & Trading both):**

Aadhaar No.			
Holder (s)	1 st Holder Name	2 nd Holder Name	3 rd Holder Name

** Submitted self attested copy of Aadhaar card

4. Below mentioned Changes in Contact Details will be updated in Demat & Trading A/C

Contact Details	Existing Details	New Details
Trading :	Tel No. :	Tel No. :
<input type="checkbox"/> Change of Contact Details	Mobile No. :	Mobile No. :
<input type="checkbox"/> Addition of Contact Details	Email ID :	Email ID :
Demat :		
<input type="checkbox"/> Change of Contact Details		

5. Family Flag Updation in Demat & Trading A/C:

☐ Mobile No. _____ and ☐ Email ID _____

☐ Option to receive e- Statement Flag Enable

I /We regularly receive contract notes & other details of my /our transactions at aforesaid e-mail id/mobile number and are fully aware about all my/our transactions. I/We hereby request you to please send the contract notes and other details of transactions relating to my/our above mentioned account with you at aforesaid e-mail id/Mobile number.

	First/Sole Holder		(In case of Joint Demat Account)			
			Second Holder		Third Holder	
Please Tick any One for Each Holder	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member #	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member #	<input type="checkbox"/> Me	<input type="checkbox"/> My Family Member #
Holder (s) Name						

#– Spouse, Dependent Children and Dependent Parents

- (i) Client must ensure the confidentiality of Password of the email account. (ii) Client must promptly inform the participant if the email address has changed.
 (iii) Client may opt to terminate this facility by giving 10 days prior notice. Similarly participant may terminate this facility by giving 10 days prior notice.

6. Change of Demat Account (Applicable for Trading A/c Only).

<input type="checkbox"/> Primary	DP Name :																											
	DP ID :																Client ID :											
<input type="checkbox"/> Secondary	DP Name :																											
	DP ID :																Client ID :											

* Attached DP client master list with original DP stamp

7. Please update my/our annual Income details*:

Annual Income	<input type="checkbox"/> Upto 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	**Net Worth Rs _____ As On Date _____ (Networth Should not be older than 1 year)
	<input type="checkbox"/> 25-50 Lacs	<input type="checkbox"/> 50 Lacs - 1 Crore	<input type="checkbox"/> Above 1 Crores		

* Documents should be attached (IT Return Ack./ Bank Statement/ Balance Sheet/ Net worth Certificate)

** Mandatory incase of non-individual

8. Others Details Update/ Modify :(Please Specify)

Particulars	Details Updates/ Modify

Holder(s)	Name	Signature(s)
Sole/1 st Holder		
2 nd Holder		
3 rd Holder		

For office use only:

Signature Verified	Maker	Checker

DP Stamp & Date

Instruction No. _____ Date of Instruction _____

List of Documents required for Activation of Dormant Account.

Copy of Pan Card

Current Address Proof (Aadhar Card, Driving License, Passport)

Current Bank Statement (Not **older than 2 months-six month Transaction required or Two Years ITR acknowledgement if FNO is also getting activated**)

Note – Self certify on all Photocopies of the documents