

## APPLICATION FORM FOR MINOR A/C ATTAINING TO MAJOR A/C

DP ID	Ι	Ν	3	0	0	4	2	5	Client ID				
													L

Dear Sir/Mam

Date \_\_\_/\_\_\_/\_\_\_\_

I/We Request you to please above mention demat account number is in Minor category but now this account holder is major so please convert this demat account in to normal demat account.

	Account Holder Name	Signature
First/Sole A/c Holder		<b>→</b>
Second A/c Holder		→
Third A/c Holder		

For Office Use only

Entered by \_\_\_\_\_ Date \_\_\_\_\_ Verify by \_\_\_\_\_

Date \_\_\_\_\_

Dp Stamp & Sign

CO CHANCES & SALA SUL																			LTD.
RO-SURAT SOLIS						CIN	No. :	U6	59100	GJ19	95P	LC02	24107	7					KRA Center
																			2432954 sgssl.co.in
Acc		Details		ion /	′ Мос	lificat	ion F	leq	uest I	orm	(Fo	or De	mat	& Tra	0		-	)	
Dear Sir/Madam, I / We request you		INST N		addi	tions	/ modi	ficatio	me	to my	our I	Jom	at A.c.	count	And T		Date			r records
NSDL DP ID IN3		r		audi								ing C	Г		rading				
Bank Details		ly Demat	Accour			ly Trad	ing Ac	COUR	nt 🗌				L	count F	Both (E	Please	 Tick 4		
Bank Details		ity Demai					0		A/c D			-	lition	count 1	Join (1	lease	TICK 7	iny Or	
		Old D	etails						N	ew Det	ails (	(this bo	ank wil	l be upa	lated as	s defau	lt bank	t for pa	iyout)
Bank Name: Branch Add:								_	Bank N Branch										
				Pinc	code			$\downarrow$								Pinc	ode		
A/c No.: A/c Type:								$\pm$	A/c No A/c Ty										
MICR Code : IFSC Code:								_	MICR IFSC C										
Address Chan	ge 🗌	Only De	mat Acc	count		Only T	rading	_	count [		emat	And 7	Frading	g Accou	int Bot	h (Ple	ase Ti	ck Any	V One)
		Old I	Details		_					_				New De	etails				
				Pin	code			-								ГР	incode		
Contact Details	Onl	y Demat Ac	count			ling Acco	ount		emat And	l Tradin	g Acc	count B	oth (Ple	ease Tick	Any O		Upda		Addition
1 <sup>st</sup> Holder Mobile Nu												5 Tick	Ye						
2 <sup>nd</sup> Holder Mobile N		Dependen	t childre	n [	] Depe	endent p	arents (	Rela	tionship	with the	-	on who S Tick			vovideć No	l) (Tick	Which	Ever Aj	pplicable)
Self Spou	ıse 📃	Dependen	t childre	n 🗖	] Depe	ndent p	arents (	Rela	tionship	with the	e perso	on who	se mobi	le no is p		l) (Tick	Which	Ever A	pplicable)
3 <sup>rd</sup> Holder Mobile Nu		Dependen	t childre	n [	] Depe	endent p	arents (	Rela	tionship	with the		S Tick on who			lo provided	l) (Tick	Which	Ever A	pplicable)
1 <sup>st</sup> Holder Email Id :		- -			1.5						-								
2 <sup>nd</sup> Holder Email Id :		Dependen	t childre	n	Depe	endent p	arents (	Rela	itionship	with the	e perso	on who	se mobi	le no 1s p	providec	I) (Tick	Which	Ever Aj	pplicable)
Self Spou		Dependen	t childre	n 🗌	Depe	endent p	arents (	Rela	tionship	with the	e perso	on who	se mobi	le no is p	orovided	l) (Tick	Which	Ever A	pplicable)
3 <sup>rd</sup> Holder Email Id :		Dependen	t childre	n 🗌	] Depe	ndent p	arents (	Rela	tionship	with the	e perso	on who	se mobi	le no is p	orovided	l) (Tick	Which	Ever A	pplicable)
Further I/We (referred to as cli i) I/We are aware that we will ii) I/We will take all the necess	not receive t	he transaction s	tatements in 1	paper for	rm except	once in the	financial ve	ar.	ternet/email	account		I Wi							Trading
<ul> <li>ii) I/We will take all the necess iii) I/We are aware that transac compromised.</li> <li>iv) In case the statements are s</li> </ul>	sent by emai	l. I/We shall imr	nediately info	orm the I	DP about c	hange in en	ail address	s. if an	v.				A/c El	lectroni		act No s 🔲 I		tateme	ent.
v) Further, The Dps and I/We so ther party.		_																	
Aadhar Card	-		y Dema	t Acco	ount				g Accou		-	emat A	nd Tra	-			-		Any One)
1st Holder Aadl	har Carc	1 Number		_		2nd Ho	older A	adha	ar Card	Numbe	er	$\mathbf{T}$		3rd He	older A	adhar		Numbe	r 
Note :- A4 size Xerox	copy o	f <u>Aad</u> har c	ard of al	1 acco	ount ho									1 1					
Date of Birth U	Update	Only Only	y Dema	t Acco	ount [	O1	ıly Tra	ding	g Accou	int	De	mat A	nd Tra	ding A	ecount	Both	(Please	e Tick	Any One)
1st Holder Date Of H	Birth (D	DMMYYY	(Y)	_	2nc	l Holder	Date C	)f Bi	irth (DD		YYY)		3rd	Holder l	Date Oi	f Birth	(DDM	MYYY T	ry
Note :- :- A4 size xero	DX COPY	of Date O	F Birth I	Prof o	of all ac	count l	olders	with	n self att	tested								i I	
Annual Income		Only Dema		_		nly Tra	-			Dem	at An	nd Tra	ding A	ccount	Both (	Please	Tick /	Any O	ne)
Below 1 Lac		5 Lacs		10 La	_	10 T				bove 2	5 La	cs (Ple	ease Tie	ck Any	One)				
Mode of Operatio			y One [ st Holder		'	y (Ple All Joint				ease Ti	ck An	ιν One	<b>)</b>						
Others (Place Specify) :-				L					(			.,	,				Updat	e 🗖	Addition
			Only Dema	it Accou	int 🔲 (	Only Tradir	ig Account	t 🗌	Demat An	d Trading	Accoun	nt Both (F	lease Tick	(Any One)					
							-												
Declaration: I/We h	ereby d	eclare that	t the det	ails f	urnish	ed aboy	/e are 1	true	and co	rrect to	the	best o	of mv/a	our kno	wledge	e and I	belief	In cas	e any of
the above mentioned			and to be	e false	e or un	true or							/we are	e aware	that I/	we ma	y be h		
			Α	/e Ho	older N	Name							A	/c Hold	er Sigi	nature			
1st Holder											<b>→</b>	•							
2nd Holder											-	•							
3nd Holder											-	•							

Know Your Client Application Form	(KYC) (For Individual Only)	SOUTH GUJARAT SHARES & SHAREBROKERS LTD. 3rd Floor Belgium Chanbers Opp Linear Bus Stop							
Please fill the form in	ENGLISH and in BLOCK letters	ord	Ring Road Surat - 39						
KRA KYC No :			NOR OF IN						
KRA KYC Date :			6.4						
			Since 199	2					
		1	Ene Emancial	Anali.					
Application Type*:  Ne	w KYC 🛛 Modification KYC	1							
1. Identity Details (plea	ase see guidelines overleaf)								
PAN*		_							
Name (same as ID proof)									
Father/Spouse's Name*									
Date of Birth*			F						
Gender	□ Male □ Female □ Transgend	der							
	☐ Single  ☐ Married		PHOTOGRAPH						
	Indian 🛛 Other								
Residential Status*	🗆 Resident Individual 👘 🗖 Non Resid	dent Indi	an	Please affix the					
Please tick(√)	□ Foreign National □ Person of	f Indian C	Drigin	recent passport					
(Passport mandatory for NRIs and For Select NRI or Foreign National base	oreign Nationals. PIO selection is only for CKYC and not 1 d on Nationality of the individual)	for KRA KYC.		size photograph and sign across					
Proof of Identity (POI) su	bmitted for PAN exempted cases (Plea	ase tick)							
🗆 A — Aadhaar Card	xxxx xxxx		L						
□ B — Passport Number			(Expiry Date)						
C — Voter ID Card									
D — Driving License			(Expiry Date)						
$\Box$ E — NREGA Job Card $\Box$ F — NPR									
$\Box$ F – NPR $\Box$ Z – Others									
	Identification Number		(any document notified by Co	entral Government)					
	□ Service (□ Private □ Public □ Gov □ Retired □ Agriculture □ Student □	vernment	:) 🗆 Business 🗆 Professi						
Income & Other Details (	Please tick)								
	□ Rs. 1,00,000 to 5,00,000 □ Rs. 5,00	-							
□ Rs. 25,00,000 to Rs. 1,	00,00,000 🛛 More than Rs. 1,00,00,0	000. Net	worth (If any):	As on					
2. FATCA & CRS Declar	ation								
	DIA and not resident of any other coun	ntry	FATCA DECLARATION DAT	Ē:					
Or U I am tax resident of th	e other coutnry/ies mentioned details i	in helow	City of Birth						
		in below							
Country : TIN Number :			Contry of Birth						
	ase see guidelines overleaf)								
A. Correspondence/Lo		Busir							
line 1*									
Line 2									
	District_			e*					
	DistrictCountry								
_	000111								

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)											
Address Type* 🗆 Residential/Business 🗆 Residential 🗆 Business 🗆 Registered Office 🗆 Unspecified											
	🗌 Same	As Correspondence Addres	S								
Line 1*											
Line 2											
Line 3		District	Pin Code*								
		orrespondence and permanent	address each to be submitted)								
□ A — Aadhaar Card □ B — Passport Number	xxxx xxxx		(Expiry Date)								
C — Voter ID Card											
□ D — Driving License			(Expiry Date)								
$\Box$ E — NREGA Job Card $\Box$ F — NPR			_								
$\Box$ Z —Others											
	Identification Number	r	_								
4. Contact Details (Emil	Id Writeen In CAPITA	AL)									
Email ID*											
 Mobile No.*											
<b>Tel</b> (Off)		Tel (Res)									
5. Applicant Declaration	ı										
I/We hereby declare that the KYC deta and correct to the best of my/our kno	•	Si	gnature of Applicant								
under-take to inform you of any chang case any of the above information is for	ges therein, immediately. In										
misleading or misrepresenting, I am/V be held liable for it.	Ve are aware that I/We may										
I/We hereby consent to receiving info through SMS/Email on the above regis	stered number/Email address.										
I am/We are also aware that for Aadh request shall be validated against Aad	haar details. I/We hereby	<b>I</b> ≩									
consent to sharing my/our masked Aa code or my Aadhaar XML/Digilocker X	ML file, along with passcode										
and as applicable, with KRA and other have a business relationship for KYC p											
DATE:	(DD-MM-YYYY)										
PLACE:											
	🗆 True Co	For Office Use Only pies of documents received	ed (Attested)								
	In-Person V	erification (IPV) carried	out by*								

### Nomination Form

# [Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

3rc	Gujarat Shares & Sharesbrokers Limited d Floor Belgium Chambers Linear Bus Stop, Ring Road Surat-395003		FORM FOR NOMINATION (To be filled in by individual applying singly or jointly) Only Demat Only Trading Both (Please Tick Any TRADING CODE													Any	On	e)	
Da	D D M M Y Y	Y Y	UCC/ D	P ID	Ι	N					Client ID								
ľ	We wish to make a nomination. [As pe	er details g	iven below	]															ļ
N	omination Details																		
I/V of	We wish to make a nomination and do my / our death.	hereby nor	ninate the f	ollowin	g pers	son(s) v	/ho sha	ll re	ceiv	e all the	assets held	in my	y / ou	r acc	oun	t in tl	ne ev	vent	
	mination can be made upto three minees in the account.		Details	s of 1 <sup>st</sup> N	Nomiı	iee	]	Details of 2 <sup>nd</sup> Nominee Details of 3 <sup>rd</sup> Nominee											
1	Name of the nominee(s) (Mr./Ms.) Please Fill Up Name As Per Document Submited											-							
2	Share of each Nominee Equally [If not equally, please specify	Anno	ld lot afte	or divi	rion	%	o trav	ncfa	141401	d to the	%	nina	2 111 0	ntio	nad	in t	ha	%	
3	Relationship With the Applicant (If Any)	Anyou	ia ioi ajie	a uivis	sion .	snull L		isje	TTel	<i>i i0 in</i> e	e jirsi non			1110	neu	in i	nej		<i>n</i> .
4	Address of Nominee(s) (Please Fill Up Address As Per Document Submited) City / Place: State & Country: PIN Code																		
5	Mobile / Telephone No. of nominee(s)																		
6	Email ID of nominee(s)																		
7	Nominee Identification details – [Please tick any one of following and provide details of same] Photograph & Signature    PAN Aadhaar    Saving Bank account no.    Proof of Identity    Demat Account ID (With Only SGGSL)																		
Sr. N	los. 8-14 should be filled only if nomi	nee(s) is a	minor:				-					-							
8	Date of Birth {in case of minor nominee(s)}																		
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																		
10	Address of Guardian(s)																		

	City / Place: State & Country:						
		PIN Code					
11	Mobile / Telej Guardian	phone no. of					
12	Email ID of Guar	dian					
13	Relationship of ( nominee	Guardian with					
14	Guardian Identifi [Please tick any or and provide details Photograph & Si PAN Aadhaa account no. Pro Demat Account (With Only SC	ne of following s of same] ignature rr Saving Bank oof of Identity ID					
			Name(s) of ho	lder(s)		Signature(s)	of holder*
Sol	e / First Holder (Mr./	/Ms.)					
Second Holder (Mr./Ms.)							
Third Holder (Mr./Ms.)							

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature **Note:** 

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

## Declaration Form for opting out of nomination (For No Nomination) [Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

To South Gujarat Shares & Sharesbrokers Limited 3rd Floor Belgium Chambers	Date		D	D	Μ	Ν	/	Υ	Y	Y	Υ
Opp Linear Bus Stop, Ring Road			Only	y Dema	t 📃	Only T	radi	ng	Both (Ple	ase Tick	Any One)
Surat-395003	TRAD	DING CODE	-			_		-			
UCC/DP ID	I	N									
Client ID (only for Demat account)											
Sole/First Holder Name											
Second Holder Name											
Third Holder Name											
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware											

that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

#### Signature of Holder(s)

2.

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature