

COMBINED APPLICATION FOR CORRESPONDANCE & PERMENANT ADDRESS CHANGE OR UPDATE

Date: _____

To South Gujarat Shares & Sharebrokers Ltd. 3rd Floor Belgium Chambers. Opp Linear Bus Stand, Ring Road, Surat-395003.	DPID	I	N	3	0	0	4	2	5
	Client ID								
	Trading Code								
	Sole/First Holder Name								
	Second Holder Name								
	Third Holder Name								

Dear Sir/Madam,
Kindly update or change of my Correspondence & Permanent address as given below in my Demat Account Number & Trading Account Number.

Old Correspondence (Local) Address	New Correspondence (Local) Address

Old Permanent (Foreign) Address	New Permanent (Foreign) Address

Note: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of the above mentioned information is found to be false or untrue or misleading or misrepresnsenting. I am/ we are aware that I/we may be held liable for it.

First Holder Sign	Second Holder Sign	Third Holder sign

COMBINED APPLICATION FOR BANK DETAILS FOR CHANGE OR UPDATE

Date: _____

To South Gujarat Shares & Sharebrokers Ltd. 3rd Floor Belgium Chambers. Opp Linear Bus Stand, Ring Road, Surat-395003.	DPID	I	N	3	0	0	4	2	5
	Client ID								
	Trading Code								
	Sole/First Holder Name								
	Second Holder Name								
	Third Holder Name								

Dear Sir/Madam,

Kindly update or change of my /our Bank Details as given below in my/our Demat Account Number & my Trading Account Number.

☐ Only Demat Account ☐ Only Trading Account ☐ Only Trading & Demat Account (Tick Any one)☐ Update (If Tick this Bank A/c Default in Trading A/c) ☐ Addition (Only Add in Trading A/c)

Old Bank Details	New Bank Details
Bank Name :	Bank Name :
Branch Address :	Branch Address :
A/c No :	A/c No :
A/c Type :	A/c Type :
Micr Code :	Micr Code :
IFSC Code :	IFSC Code :

Note: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of the above mentioned information is found to be false or untrue or misleading or misrepresnenting. I am/ we are aware that I/we may be held liable for it.

First Holder Sign	Second Holder Sign	Third Holder sign

Combined Application Form for Change/Updating of Mobile No/Email Id

Date: ____/____/____

To South Gujarat Shares & Sharebrokers Ltd. 3rd Floor Belgium Chambers. Opp Linear Bus Stand, Ring Road, Surat-395003	DPID	I	N	3	0	0	4	2	5
	Client ID								
	Trading Code								
	Sole/First Holder Name								
	Second Holder Name								
	Third Holder Name								

Dear Sir/Madam,

Kindly update or change of my/our Mobile Number & Email ID as given below in my/our Demat Account Number & my Trading Account Number.

☐ Only Demat Account ☐ Only Trading Account ☐ Only Trading & Demat Account (Tick Any one)

❖ **Mobile Number :**

First Holder Mobile Number		SMS Tick <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
Second Holder Mobile Number		SMS Tick <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
Third Holder Mobile Number		SMS Tick <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		

❖ **Email Id :**

First Holder Email ID		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
Second Holder Email ID		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
Third Holder Email ID		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents		
Further I/we(Refred to as client below) have read the terms and conditions below and agree to the same. i) I/we are aware that we will not recieve the trasnaction statement in paper form except once in financial year ii) I/we will take all necessary steps to ensure confidentially and secrecy of the login name and passowrd of the internet / email account iii) I/we are aware that transaction statement may be accessed by other entities incase the confidentiality / secrecy of the login name and password is compromised. iv) Incase the statements are sent by email, I/we shall immediately inform to South Gujarat Shares & Share Brokers Limited about change in email address is any. v) Further the South Gujarat Shares & Share Brokers Limited an I/We shall have the right to terminate such service provided a written notice is given at least 10 days in advance to the other party		I/We Wish to receive Demat Account statement & Trading Contract Note & Other Statement in email. <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of the above mentioned information is found to be false or untrue or misleading or misreprensenting. I am/ we are aware that I/we may be held liable for it.

First Holder Sign	Second Holder Sign	Third Holder sign

COMBINED APPLICATION FOR ANNUAL INCOME/OCCUPATION/DOB/ CHANGE OR UPDATE

Date: _____

To South Gujarat Shares & Sharebrokers Ltd. 3rd Floor Belgium Chambers. Opp Linear Bus Stand, Ring Road, Surat-395003.	DPID	I	N	3	0	0	4	2	5
	Client ID								
	Trading Code								
	Sole/First Holder Name								
	Second Holder Name								
	Third Holder Name								

Dear Sir/Madam,
 Kindly update or change of my/our below mentions detail as given below in my/our Demat Account Number & Trading Account Number.

☐ Only Demat Account ☐ Only Trading Account ☐ Only Trading & Demat Account (Tick any one)

❖ Annual Income

☐ Below 1 Lac ☐ 1 To 5 Lac ☐ 5 To 10 Lacs ☐ 10 To 25 Lacs ☐ Above 25 Lacs (Please Tick Any One)

❖ Occupation

☐ Private Sector Service ☐ Public Sector Service ☐ Government Sector Service ☐ Business

☐ Agriculture ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Other_____

❖ Date of Birth

First A/c Holder								Second A/c Holder								Third A/c Holder							

❖ Aadhar Card Update

First A/c Holder								Second A/c Holder								Third A/c Holder							

❖ Others (Please Specify)

--	--

Note: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of the above mentioned information is found to be false or untrue or misleading or misrepresnting. I am/ we are aware that I/we may be held liable for it.

First Holder Sign	Second Holder Sign	Third Holder sign

Know Your Client (KYC)
Application Form (For Individual Only)
 Please fill the form in **ENGLISH** and in **BLOCK** letters

SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

3rd Floor Belgium Chambers Opp Linear Bus Stop
 Ring Road Surat - 395003 Gujarat



KRA KYC No : _____
 KRA KYC Date : _____
 CKYC No : _____
 CKYC Date : _____

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details (please see guidelines overleaf)

PAN* _____

Name (same as ID proof) _____

Father/Spouse's Name* _____

Date of Birth* _____

Gender ☐ Male ☐ Female ☐ Transgender

Marital Status ☐ Single ☐ Married

Nationality ☐ Indian ☐ Other _____

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

Please tick(✓) ☐ Foreign National ☐ Person of Indian Origin

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
 Select NRI or Foreign National based on Nationality of the individual)

PHOTOGRAPH

Please affix the
 recent passport
 size photograph
 and sign across

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) _____

☐ E — NREGA Job Card _____

☐ F — NPR _____

☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

Occupation Type: ☐ Service (☐ Private ☐ Public ☐ Government) ☐ Business ☐ Professional ☐ Housewife

☐ Retired ☐ Agriculture ☐ Student ☐ Other (Specify) _____

Income & Other Details (Please tick)

☐ Up to Rs. 1,00,000 ☐ Rs. 1,00,000 to 5,00,000 ☐ Rs. 5,00,000 to Rs. 10,00,000 ☐ Rs. 10,00,000 to Rs. 25,00,000

☐ Rs. 25,00,000 to Rs. 1,00,00,000 ☐ More than Rs. 1,00,00,000. Net worth (If any): _____ As on _____

2. FATCA & CRS Declaration

☐ I am tax resident of INDIA and not resident of any other country
 Or

☐ I am tax resident of the other country/ies mentioned details in below

Country : _____

TIN Number : _____

FATCA DECLARATION DATE : _____

City of Birth _____

Contry of Birth _____

3. Address Details (please see guidelines overleaf)

A. Correspondence/Local Address*

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

Line 1* _____

Line 2 _____

* Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

(PTO)

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 Address

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District _____ Pin Code* _____

State* _____ Country* _____

Proof of Address* (Attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) _____

☐ E — NREGA Job Card _____

☐ F — NPR _____

☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

4. Contact Details (Email Id Written In CAPITAL)

Email ID* _____

Mobile No.* _____

Tel (Off) _____ Tel (Res) _____

5. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Signature of Applicant**For Office Use Only**

☐ True Copies of documents received (Attested)

In-Person Verification (IPV) carried out by*

Combined Application Form for Change/Updating of Mobile No/Email Id/Annual Income/Occupation

Date: ____/____/____

To South Gujarat Shares & Sharebrokers Ltd. 3rd Floor Belgium Chambers. Opp Linear Bus Stand, Ring Road, Surat-395003	DPID	I	N	3	0	0	4	2	5	
	Client ID									
	Trading Code									
	Sole/First Holder Name									
	Second Holder Name									
	Third Holder Name									

Dear Sir/Madam,

Kindly update or change of my/our Mobile Number & Email ID as given below in my Demat Account Number & Trading Account Number.

Mobile Number :

First Holder Mobile Number	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	
Second Holder Mobile Number	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	
Third Holder Mobile Number	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	

Email Id :

First Holder Email ID	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	
Second Holder Email ID	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	
Third Holder Email ID	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	

Annual Income (Tick any One) :

<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1To 5 Lacs <input type="checkbox"/> 5To 10 Lacs <input type="checkbox"/> 10 To 25 Lacs <input type="checkbox"/> Above 25 Lacs

Occupation: (Tick any one)

<input type="checkbox"/> Service (<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Government) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture
<input type="checkbox"/> Student <input type="checkbox"/> Other (Specify) _____

Note: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of the above mentioned information is found to be false or untrue or misleading or misrepresenting. I am/ we are aware that I/we may be held liable for it.

First Holder Sign	Second Holder Sign	Third Holder sign