SGSSL			SHAREBROKERS LTD.						
Since 1992	Corporate Member : NSE, BSE, MSEIL (MCX <sup>2</sup> SX), USE      Mutual Fund Advisor      Depository Participant : NSDL     PAN-TIN Facilitation & KRA Center     CIN No. : U65910GJ1995PLC024107      Regd. Office : 3rd Floor, Belgium Chambers, Opp. Linear Bus-stop, Ring Road, Surat - 395 003. Fax : (0261) 2432954								
			, Ring Road, Surat - 395 003. <b>Fax :</b> (0261) 2432954 n, sgssl_ac@hotmail.com <b>Website :</b> www.sgssl.co.in						
Α	ccount Details Addition / Modification Red	quest Form							
Dear Sir/Madam	2	/ I	Date :						
NSDL DP ID IN			Demat Account And Trading Account in your records.						
	S Only Demat Account Only Trading Accou								
	Update (If Tick This Bar								
	Old Details		ails (this bank will be updated as default bank for payout)						
Bank Name: Branch Add:		Bank Name: Branch Add:							
	Pincode		Pincode						
A/c No.: A/c Type:		A/c No.: A/c Type:							
MICR Code :		MICR Code :							
IFSC Code:		IFSC Code:							
Address Cha	ange Only Demat Account Only Trading A	ccount D	emat And Trading Account Both (Please Tick Any One)						
	Old Details		New Details						
	Pincode		Pincode						
Contact Det	ails Only Demat Account Only Trading A	ccount D	emat And Trading Account Both (Please Tick Any One)						
	Update	Additic							
Mobile Num			SMS TICK Yes No						
Email Id	clare that the aforesaid Mobile No belongs T	0							
	are that the aforesaid Email ID belongs To								
	client below) have read the terms and conditions mentioned below and agree to the same								
<ul> <li>i) I/We are aware that we w</li> <li>ii) I/We will take all the nec</li> <li>iii) I/We are aware that transcompromised.</li> <li>iv) In case the statements ar</li> </ul>	Then below have read the terms and controllors inclusioned below and agree to the same lin of receive the transaction statements in paper form except once in the financial year. essary steps to ensure confidentiality and secrecy of the login name and password of the in saction statement may be accessed by other entities incase the confidentiality/secrecy of the re sent by email, I/We shall immediately inform the DP about change in email address, if a <i>k</i> shall have the right to terminate such service provided a written notice is given at least 1	e login name and passwo							
Aadhar Care	d Update Only Demat Account Only Tradir	ng Account	Demat And Trading Account Both (Please Tick Any One)						
	Aadhar Card	Number							
Note :- A4 size Xer	ox copy of Aadhar card of all account holders with self at	tested							
Date of Birth	<b>update</b> Only Demat Account Only Tradir	ng Account	Demat And Trading Account Both (Please Tick Any One)						
	Date Of Birth (I	DDMMYYYY)							
Note :- :- A4 size xc	erox copy of Date OF Birth Prof of all account holders wi	th self attested							
Annual Incom	ne Only Demat Account Only Trading Acco	ount 🔲 Dem	at And Trading Account Both (Please Tick Any One)						
Range1 🗆 Be	elow 20 Lacs 🗆 20-50 Lacs 🗆 50-100 Lacs 🖸	] More than	1 Crore						
Range2 🗆 B	elow 1 Lacs $\Box$ 1-5 Lacs $\Box$ 5-10 Lacs $\Box$	10-25 Lacs	S □ 25 Lacs -1 Crore □ More than 1 Crore						
Others (Place Specify)			Update Addition						
	Only Demat Account Only Trading Account	Demat And Trading	Account Both (Please Tick Any One)						
			the best of my/our knowledge and belief. In case any of nting, I am/we are aware that I/we may be held liable for it.						
	A/c Holder Name		A/c Holder Signature						
1st Holder			→						
			-						
2nd Holder			→						

3nd Holder

 $\rightarrow$ 

## Segment Addition / Activation / Disable Form

To,Date//South Gujarat Shares And Sharebrokers Limited.3rd Floor Belgium Chambers,Opp Linear Bus Stop, Ring Road,Surat - 395003.									
Sub: Addition of Segment	Activation of Segment & Disable of Segment								
Dear Sir,									
I	Am registered with you having								
Client Code									
I prefer to 📋 Addition 📋 A	Activation Disable trading facility of the Exchange as per tick provided in below given table.								
Segment	Exchanges								
	NSE / BSE / MSEI								
CASH / MF									
F&0									
CURRENCY									
DEBT									
ALL SEGMENT									
If you do not wish to trade in any of segments / Mutual Fund, please mention here									
If in future, you want to trade on any new segment/ new exchange, separate authorization letter should be submitted to SGSSL.									
PROOF OF FINANCIAL DETAILS (MANADATORY IN CASE OF F&O & CURRENCY									
Copy of ITR acknowledgment       Copy of annual accounts       Copy of Form 16       Net Worth certificate         Salary slip       Bank account statement for last 6 months       Copy of demat account holding statement									
I am willing to abide by the terms and conditions as mentioned in the NSE/BSE/MSEI Circulars from time to time in this regard.									
I shall ensure also compliance with the requirements as may be specified from time to time by Securities and Ex- change Board of India (SEBI).									

Document submited as per demat account if only trading account sole holder document submited

1. Modificaiton Form

2. Pancard (All Account Holder)

3. Aadhar Card (All Account Holder)

4. Bank Proff

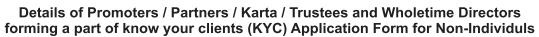
5. KYC Form (All Account Holder)

All Document Should be self attested

Thanking you,

Current Process      Current Process      Current Process      Current Process      Current Process      Current Process      Current Process      Current Process      Current Process      Curren	SGSS SOUTH GUJARAT SHARE		OKERS LTD.	3rd Floor, Belgium C		1-2450774 c@sgssl.co	4, 2438410	Fax No.0	261 2432 ww.sgssl.
<pre>(Place site / the loss on life range/or diagnospitale way three OMAGECORREC TON is required and provide the databilis in the carresponding row) DECNTITY DECNTITY DECNTITY DECNTITY DECNTITY DECNTITY DECNTITY A many of the Applicant A many of</pre>			Ackr	nowledgement No.					
IDENTITY DETAILS  I. Name of the Applicant  2. Date of Incorporation  3. Date of Incorporation  4. Appr  4. Appr  4. Address for Correspondence  4. Address for Correspondence  4. Registered Address (If different from above)  4. Registered Address (If different from above)  4. Registered Address Incorporation  4. Registered Address Incorporation  4. Name, PAN, residential address and photographs of Promoters/Partners/KrataTrustees and whole lime directors:  3. Date incorporation  4. Name, PAN, residential address and photographs of Promoters/Partners/KrataTrustees and whole lime directors:  3. Date:  4. Amount of Promoters/Partners/Krata  4. Name, PAN, residential address and photographs of Promoters/Partners/KrataTrustees and whole lime directors:  4. Date:  4. Date:  4. Date:  4. Appr 4. Date:				quired and provide the de	tails in the corres	ponding row	)		
1. Name of the Applicant 2. Date of incorporation 3. Date of commencement of business () / M / Y Y Y Y 4. PAN 6. Registronto No. (o.g. CN) 5. Statistic Practice Y is approxible () Provide Link Co. Both / Both / Partnership () Turk 1. Provide Link Co. Both / Both / Both / Partnership () Turk () Provide Link Co. Both / Both / Both / Partnership () Turk () Provide Link Co. Both / Both / Both / Both / Partnership () Turk () Provide Link Co. () Both / Both / Both / Partnership () Provide Link Co. () Both / Both / Both / Both / Partnership () Provide Link Co. () Both / Both / Both / Both / Partnership () Provide Link Co. () Both / Both / Both / Both / Partnership () Provide Link Co. () Both / Both / Both / Both / Partnership () Provide Link Co. () Both /			CONTRACTION	quired and provide the de		ponding row	)		
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a. Date of commencement of business									
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Provides Limited Co.   Provides Limited Co. Potol Cult Co.	4b. Registration No. (e.g. CIN)								
Orbitalities    Orbitalities Orbitaliti	5. Status (Please tick ✓ the appropriate)								
AOP Bark Coverment Body Non-Government Organization Defense Establishment   BOH Could you in the proof of the pr	Private Limited Co.	blic Ltd. Co. 🗌 Bo	ody Corporate	Partnership		Trust			
BOI   BOI Boiles   PPI - Category II PPI -									
PPI- Category III Others (Please specify)    ADDRESS DETAILS   1. Address for Correspondence   (b) / Tom / Vilage   State        Proof of Address submitted for Correspondence Address:    3. Contact Details   Fle. (cdt.)   The (rdt.)   (b) / Tom / Vilage        Proof of Address submitted for Correspondence Address:    3. Contact Details   Fle. (cdt.)   The (rdt.)   (b) / Tom / Vilage        Proof of Address (If different from above)    (c) / Tom / Vilage           Proof Code   (c) / Tom / Vilage      Control   (c) / Tom / Vilage           Proof of Address submitted for Correspondence Address:    . Control   Percent   (c) / Tom / Vilage   (c) / Tom / Vilage                 Others DETAILS (If space is insufficient, endose these details separately (Illustative format unclosed))         1. Name, PAN, residential address and pholographs of Promoters/Partners/Karta/Trustees and whole time directors:         2. DIN of whol			,						
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Date of IPV: DDD/D/MM//YYYY	Name of the person who has done the IPV:		ID:						
	Name of the person who has done the IPV: Designation:	Employee							

## MANDATORY



I. Name	
Relationship with Applicant (i.e. promoters, whole time directors etc.)	PHOTOGRAPH
a. PAN 3b. DIN	
c. Aadhar (UID) Number	
Residential/ Registered Address	Please affix your recent passport
	size photograph and
	sign across it
City / Town / Village Pin Cod	
State	
. Name	
Relationship with Applicant (i.e. promoters, whole time directors etc.)	PHOTOGRAPH
. PAN 3b. DIN	
c. Aadhar (UID) Number	Please affix
Residential/ Registered Address	your recent passport
	size photograph and
	sign across it
City / Town / Village Pin Cod	
State Country	
Name	
	PHOTOGRAPH
Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
. PAN 3b. DIN	
c. Aadhar (UID) Number	Please affix
Residential/ Registered Address	your recent passport
	size photograph and
	sign across it
City / Town / Village Pin Cod	3
Name	
Relationship with Applicant (i.e. promoters, whole time directors etc.)	PHOTOGRAPH
. PAN 3b. DIN	
2. Aadhar (UID) Number	Please affix
Residential/ Registered Address	your recent passport size photograph and
	size photograph and sign across it
City / Town / Village	
State Country Country	
Name	
Relationship with Applicant (i.e. promoters, whole time directors etc.)	PHOTOGRAPH
. PAN	
c. Aadhar (UID) Number	
	Please affix
Residential/ Registered Address	your recent passport size photograph and
	sign across it
	· · · · · · · · · · · · · · · · · · ·
City / Town / Village Pin Cod	9

Since 1992		Combined Application For Co- Parcners/Members Details in HUF South Gujarat Shares & Sharebrokers Limited 3 <sup>Rd</sup> Floor Belgium Chamber Opp Linear Bus Stop Ring Road Surat -395003						In	structi	on ID			
Trading Code													
Dp ld							Clien	t Id					
	•						Date						
Dear Sir/Medar	m												

I declare that the undersigned\_\_\_\_\_(Name of Karta)

Is the Karta of \_\_\_\_

The HUF consist of the following Co-Parceners.

- Whenever any change occurs in the karta, or
- Of any birth or death of a co-parcencer, or
- If at any time, there is a partition (partial or otherwise) of the joint family, or
- If any minor member of the said family attains majority

Sr.No	Name Of Co-Parceners/Members	Co-Parceners / Members	Date Of Birth (DD/MM/YYYY)	Relationship With Karta	Signature (Without Stamp) Karta sign required in Minor co-Parcenersimembers
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

R

HUF Stamp & Sign

(Name Of HUF)

Know Your Client Application Form	t (KYC) ı (For Individual On	ily)	SOUTH GUJARAT SHARES & SHAREBROKERS LTD 3rd Floor Belgium Chanbers Opp Linear Bus Stop				
Please fill the form i	n ENGLISH and in BLO	CK letters	Ring Road Surat - 395003 Gujarat				
KRA KYC No :				are of to			
				6.6			
				Since 199	12		
				The Financial	Mail		
	lew KYC 🛛 Modification I						
1. Identity Details (pl	ease see guidelines over	leaf)					
PAN*	-						
Name (same as ID proo	f)						
Father/Spouse's Name*	۶						
Date of Birth*				F			
Gender	Male Female	□ Transgender	r				
	□ Single □ Married				PHOTOGRAPH		
	□ Indian □ Other						
<b>Residential Status*</b>	Resident Individual	□ Non Resider	nt India	an	Please affix the		
Please tick(√)	Foreign National	□ Person of In	ndian C	)rigin	recent passport		
	Foreign Nationals. PIO selection is only sed on Nationality of the individual)	y for CKYC and not for H	KRA KYC.		size photograph and sign across		
Proof of Identity (POI) s	ubmitted for PAN exempte	ed cases (Please	e tick)				
🗆 A — Aadhaar Card	XXXX XXXX		-	L			
□ B — Passport Numbe	r			(Expiry Date)			
□ C — Voter ID Card							
□ D — Driving License				(Expiry Date)			
$\Box$ E — NREGA Job Card							
$\square$ F — NPR							
□ Z —Others				(any document notified by Co	entral Government)		
Occupation Type:	Identification Number_ □ Service (□ Private □ P				onal 🗆 Housewife		
	Retired Agriculture			•			
Income & Other Details							
-	□ Rs. 1,00,000 to 5,00,000						
□ Rs. 25,00,000 to Rs. 1	1,00,00,000 🛛 More than	Rs. 1,00,00,000	). Net	worth (If any):	As on		
2. FATCA & CRS Decla	ration						
I am tax resident of I	NDIA and not resident of ar	ny other country	/	<b>ΓΑΤΓΑ </b> DECLARATION DAT	E:		
Or							
	he other coutnry/ies menti	ioned details in b	in below City of Birth				
				Contry of Birth			
TIN Number :		_					
	ease see guidelines overl	leaf)					
A. Correspondence/L Address Type*	ocal Address* sidential/Business	Residential 🛛	l Busin	ess 🗆 Registered Office	e 🛛 Unspecified		
Line 1*							
Line 2							
					e*		

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		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	R <b>₽</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 Verification (IPV) carried out by*								