



# SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

● Corporate Member : NSE, BSE, MSEIL (MCX²SX), 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  
**Ph. :** (0261) 2601297, 2601296, 2454647 **E-mail :** info@sgssl.co.in, sgssl\_ac@hotmail.com **Website :** www.sgssl.co.in

Account Details Addition / Modification Request Form (For Demat & Trading Account)

INST No. :

Date : \_\_\_\_\_

Dear Sir/Madam,  
I / We request you to make the following additions / modifications to my / our Demat Account And Trading Account in your records.

NSDL DP ID IN300425

BO ID

Trading Code

☐ Bank Details

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

☐ Update (If Tick This Bank A/c Default)

☐ Addition

Old Details	New Details <i>(this bank will be updated as default bank for payout)</i>
Bank Name:	Bank Name:
Branch Add:	Branch Add:
<div></div> Pincode	<div></div> Pincode
A/c No.:	A/c No.:
A/c Type:	A/c Type:
MICR Code :	MICR Code :
IFSC Code:	IFSC Code:

☐ Address Change

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

Old Details	New Details
<div></div> Pincode	<div></div> Pincode

☐ Contact Details

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

☐ Update

☐ Addition

Mobile Number

SMS TICK

☐ Yes

☐ No

I Hereby declare that the aforesaid Mobile No belongs To

Email Id

I Hereby declare that the aforesaid Email ID belongs To

Further I/We (referred to as client below) have read the terms and conditions mentioned below and agree to the same

i) I/We are aware that we will not receive the transaction statements in paper form except once in the financial year.

ii) I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password 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) In case the statements are sent by email, I/We shall immediately inform the DP about change in email address, if any.

v) Further, The Dps and 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 Wish to receive Demat A/c e-Statement and Trading A/c Electronic Contract Note & Statement.

☐ Yes

☐ No

☐ Aadhar Card Update

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

Aadhar Card Number

Note :- A4 size Xerox copy of Aadhar card of all account holders with self attested

☐ Date of Birth Update

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

Date Of Birth (DDMMYYYY)

Note :- :- A4 size xerox copy of Date OF Birth Prof of all account holders with self attested

☐ Annual Income

☐ Only Demat Account

☐ Only Trading Account

☐ Demat And Trading Account Both (Please Tick Any One)

Range1

☐ Below 20 Lacs

☐ 20-50 Lacs

☐ 50-100 Lacs

☐ More than1 Crore

Range2

☐ Below 1 Lacs

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lacs

☐ 25Lacs -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)

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any 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.

	A/c Holder Name	A/c Holder Signature
1st Holder		→
2nd Holder		→
3rd Holder		→

Depository Participant Seal and Signature



# Segment Addition / Activation / Disable Form

To,  
**South Gujarat Shares And Sharebrokers Limited.**  
**3<sup>rd</sup> Floor Belgium Chambers,**  
**Opp Linear Bus Stop, Ring Road,**  
**Surat - 395003.**

Date 

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**Sub :** Addition of Segment ,Activation of Segment & Disable of Segment

Dear Sir,

I \_\_\_\_\_ Am registered with you having  
Client Code \_\_\_\_\_

I prefer to ☐ Addition ☐ Activation ☐ Disable trading facility of the Exchange as per tick provided in below given table.

<b>Segment</b>	<b>Exchanges</b>
	<b>NSE / BSE / MSEI</b>
CASH / MF	
F&O	
CURRENCY	
DEBT	
ALL SEGMENT	
<p>If you do not wish to trade in any of segments / Mutual Fund, please mention here _____.</p>	
<p><i>If in future, you want to trade on any new segment/ new exchange, separate authorization letter should be submitted to SGSSL.</i></p>	
<p style="text-align: center;"><b>PROOF OF FINANCIAL DETAILS (MANDATORY IN CASE OF F&amp;O &amp; CURRENCY)</b></p> <p>Copy of ITR acknowledgment <input type="checkbox"/> Copy of annual accounts <input type="checkbox"/> Copy of Form 16 <input type="checkbox"/> Net Worth certificate <input type="checkbox"/> Salary slip <input type="checkbox"/> Bank account statement for last 6 months <input type="checkbox"/> Copy of demat account holding statement <input type="checkbox"/></p> <p>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.</p> <p>I shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India (SEBI).</p>	

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

1. Modification 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,

# KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

**MANDATORY**



**SGSSL**

**SOUTH GUJARAT SHARES & SHAREBROKERS LTD.**

3rd Floor, Belgium Chambers, Opp-linear Bus Stop, Ring Road, Surat 395003.

Ph.0261-2450774, 2438410 Fax No.0261 2432954

Email : info@sgssl.co.in Website : www.sgssl.co.in

CIN No. : U65910GJ1995PLC024107

Acknowledgement No.

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A	IDENTITY DETAILS
<input type="checkbox"/>	1. Name of the Applicant
<input type="checkbox"/>	2a. Date of incorporation DD / MM / YYYY 2b. Place of incorporation
<input type="checkbox"/>	3. Date of commencement of business DD / MM / YYYY
<input type="checkbox"/>	4a. PAN
<input type="checkbox"/>	4b. Registration No. (e.g. CIN)
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)
	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI - Category I <input type="checkbox"/> FPI - Category II <input type="checkbox"/> FPI - Category III <input type="checkbox"/> Others (Please specify)

B	ADDRESS DETAILS
<input type="checkbox"/>	1. Address for Correspondence
	City / Town / Village State Country Pin Code
	2. Specify the Proof of Address submitted for Correspondence Address:
<input type="checkbox"/>	3. Contact Details
	Tel. (Off.) Tel. (Res.) E-Mail Id. Fax Mobile No
<input type="checkbox"/>	4. Registered Address (If different from above)
	City / Town / Village State Country Pin Code

C	OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])
<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:
<input type="checkbox"/>	2a. DIN of whole time directors :
	2b. Aadhar number of Promoters/Partners/Karta :

D	DECLARATION
	<p>1). I hereby declare that the details furnished above are true and correct to the best of my/our 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, I am/we are aware that I/We may be held liable for it. 2) I willingly to give my consent to South Gujarat Shares &amp; Sharebrokers Limited to open new account in Capital Market/Equity Derivatives/Currency Derivatives/Demat Account to accept copy of my Aadhaar card and proceed with the referred application.</p> <p>Date: DD / MM / YYYY</p> <p> HUF STAMP AND SIGN</p>

## FOR OFFICE USE ONLY

☐ Originals Verified and Self Attested Document copies received

### In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation: Employee ID:

Name of the Organization : **SOUTH GUJARAT SHARES & SHAREBROKERS LTD.**

Date of IPV: DD / MM / YYYY

Signature of the person who has done the IPV

## Details of Promoters / Partners / Karta / Trustees and Wholetime Directors forming a part of know your clients (KYC) Application Form for Non-Individuals

<p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhar (UID) Number <input style="width: 40%;" type="text"/></p> <p>4. Residential/ Registered Address <input style="width: 100%;" type="text"/></p> <div style="display: flex; justify-content: space-between;"> <div> <p>City / Town / Village <input style="width: 40%;" type="text"/></p> <p>State <input style="width: 40%;" type="text"/></p> </div> <div> <p>Country <input style="width: 20%;" type="text"/></p> </div> <div> <p>Pin Code <input style="width: 20%;" type="text"/></p> </div> </div>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhar (UID) Number <input style="width: 40%;" type="text"/></p> <p>4. Residential/ Registered Address <input style="width: 100%;" type="text"/></p> <div style="display: flex; justify-content: space-between;"> <div> <p>City / Town / Village <input style="width: 40%;" type="text"/></p> <p>State <input style="width: 40%;" type="text"/></p> </div> <div> <p>Country <input style="width: 20%;" type="text"/></p> </div> <div> <p>Pin Code <input style="width: 20%;" type="text"/></p> </div> </div>	<p><b>PHOTOGRAPH</b></p> <p>Please affix your recent passport size photograph and sign across it</p>
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HUF STAMP AND SIGN



Date:    /    /

	<b>Combined Application For Co-Parcners/Members Details in HUF</b> <b>South Gujarat Shares &amp; Sharebrokers Limited</b> <b>3<sup>Rd</sup> Floor Belgium Chamber Opp Linear Bus Stop Ring Road</b> <b>Surat -395003</b>						Instruction ID					
	<input type="checkbox"/> Only Demat <input type="checkbox"/> Only Trading <input type="checkbox"/> Both (Please Tick Any One)											
	Trading Code											
	Dp Id						Client Id					
						Date						

Dear Sir/Medam

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

Is the Karta of \_\_\_\_\_ (Name Of HUF)

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) <small>KARTA SIGN REQUIRED IN MINOR CO-PARCENERS/MEMBERS</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



HUF Stamp & 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\***