

SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

● Corporate Member : NSE, BSE, MSEI (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)

Dear Sir/Madam, **INST No. :** **Date :** _____

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						
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☐ **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:	
	Pincode		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	
	Pincode		Pincode

☐ **Contact Details** ☐ Only Demat Account ☐ Only Trading Account ☐ Demat And Trading Account Both (Please Tick Any One) ☐ Update ☐ Addition

1 st 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 (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													
2 nd 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 (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													
3 rd 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 (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													
1 st Holder Email Id :													
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													
2 nd Holder Email Id :													
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													
3 rd Holder Email Id :													
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents (Relationship with the person whose mobile no is provided) (Tick Which Ever Applicable)													

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 unless 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) 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)

1st Holder Aadhar Card Number								2nd Holder Aadhar Card Number								3rd Holder 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)

1st Holder Date Of Birth (DDMMYYYY)								2nd Holder Date Of Birth (DDMMYYYY)								3rd Holder 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)

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

☐ Mode of Operation : ☐ Any One ☐ Jointly (Please Tick Any One)

☐ Communication : ☐ First Holder ☐ All Joint A/C Holder (Please Tick Any One)

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

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***

Segment Addition / Activation / Disable Form

To,
South Gujarat Shares And Sharebrokers Limited.
3rd 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.

Segment	Exchanges
	NSE / BSE / MSEI
CASH / MF	
F&O	
CURRENCY	
DEBT	
ALL SEGMENT	
If you do not wish to trade in any of segments / Mutual Fund, please mention here _____.	
<i>If in future, you want to trade on any new segment/ new exchange, separate authorization letter should be submitted to SGSSL.</i>	
PROOF OF FINANCIAL DETAILS (MANADATORY IN CASE OF F&O & CURRENCY)	
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"/>	
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 Exchange Board of India (SEBI).	


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,

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]

South Gujarat Shares & Sharesbrokers Limited 3rd Floor Belgium Chambers Opp Linear Bus Stop, Ring Road Surat-395003 <div style="text-align: center;">  <p>Since 1992 The Financial Mall</p> </div>										FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																					
										<input type="checkbox"/> Only Demat					<input type="checkbox"/> Only Trading					<input type="checkbox"/> Both (Please Tick Any One)											
										TRADING CODE																					
Date		D	D	M	M	Y	Y	Y	Y	UCC/ DP ID		I	N									Client ID									
I/We wish to make a nomination. [As per details given below]																															
Nomination Details																															
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																															
Nomination can be made upto three nominees in the account.										Details of 1st Nominee										Details of 2nd Nominee					Details of 3rd Nominee						
1	Name of the nominee(s) (Mr./Ms.) Please Fill Up Name As Per Document Submitted																														
2	Share of each Nominee		Equally <small>[If not equally, please specify percentage]</small>							%										%					%						
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																															
3	Relationship With the Applicant (If Any)																														
4	Address of Nominee(s) (Please Fill Up Address As Per Document Submitted) City / Place: State & Country:																														
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] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID (With Only SGGSL)																														
Sr. Nos. 8-14 should be filled only if nominee(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 / Telephone no. of Guardian						
12	Email ID of Guardian						
13	Relationship of Guardian with nominee						
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID (With Only SGGSL)						
Name(s) of holder(s)					Signature(s) of holder*		
Sole / 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 Opp Linear Bus Stop, Ring Road Surat-395003	Date	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Only Demat <input type="checkbox"/> Only Trading <input type="checkbox"/> Both (Please Tick Any One)							
	TRADING 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) 1. _____ 2. _____ 3. _____									

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