

SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

• Corporate Member : NSE, BSE, MSEIL (MCX³SX), 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

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Know Your Client (KYC) SOUTH GUJARAT SHARES & SHAREBROKERS LTD. **Application Form (For Individual Only)** 3rd Floor Belgium Chanbers Opp Linear Bus Stop Please fill the form in ENGLISH and in BLOCK letters 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) Name (same as ID proof) Father/Spouse's Name* _____ Date of Birth* ☐ Male ☐ Female ☐ Transgender Gender ☐ Single ☐ Married **Marital Status** PHOTOGRAPH ☐ Indian ☐ Other Nationality ☐ Resident Individual Residential Status* ☐ Non Resident Indian Please affix the ☐ Person of Indian Origin Please tick(√) ☐ Foreign National recent passport (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) 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 _____ (Expiry Date) _____ ☐ D — Driving License ☐ E —NREGA Job Card \Box F — NPR \Box Z —Others _____(any document notified by Central Government) Identification Number ☐ Service (☐ Private ☐ Public ☐ Government) ☐ Business ☐ Professional ☐ Housewife Occupation Type: ☐ 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 FATCA DECLARATION DATE :_____ City of Birth _____ ☐ I am tax resident of the other coutnry/ies mentioned details in below Country: Contry of Birth _____ TIN Number:____ **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*

B. Permanent residence a	address of applicant, if	different from above A	A / Overseas Address* (Mandatory for NRI Applicant)
Address Type* □ Re	sidential/Business	☐ Residential ☐ Bus	siness \square Registered Office \square Unspecified
	☐ Same	e As Correspondence Ac	ddress
Line 1*			
Line 2			
Line 3			
City/Town/Village*		District	Pin Code*
State*		Country […]	
Proof of Address* (Atteste	d copy of any 1 POA for c	correspondence and perma	anent address each to be submitted)
☐ A — Aadhaar Card	XXXX XXXX		
☐ B — Passport Number			(Expiry Date)
☐ C — Voter ID Card			
□ D — Driving License□ E — NREGA Job Card			(Expiry Date)
I □ E —NREGA JOB Card			
☐ Z —Others			(any document notified by Central Government)
		r	
4 Contact Details (Frail	LId Muitoon In CADIT		
4. Contact Details (Emil		<u> </u>	
Mobile No.*			
Tel (Off)		Tel (Re	es)
5. Applicant Declaration	n	+	
I/We hereby declare that the KYC det and correct to the best of my/our kno	•		Signature of Applicant
under-take to inform you of any chan case any of the above information is f	nges therein, immediately. In		
misleading or misrepresenting, I am/			
be held liable for it. I/We hereby consent to receiving info	ormation from CVL KRA		
through SMS/Email on the above reging a m/We are also aware that for Aadh			
request shall be validated against Aac consent to sharing my/our masked Aa			
code or my Aadhaar XML/Digilocker >	XML 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 re	
		•	· · · · · · · · · · · · · · · · · · ·
	In-Person V ————	/erification (IPV) ca	rried out by*

Segment Addition / Activation / Disable Form

To, South Gujarat Shares And S 3 rd Floor Belgium Chamber Opp Linear Bus Stop, Ring Surat - 395003.	Date		/			/			
Sub: Addition of Segment,	Activation of Segment & Disable of Segment								
Dear Sir,									
I			_ Am r	egiste	ered	with	you	ı havi	ng
Client Code	_								
I prefer to ☐ Addition ☐ A	activation \square Disable trading facility of the Exc	change as	s per tic	k pro	vide	din b	elow	giver	n table.
Segment	Excha	an	ge	>5	>				
	NSE / BS	SE		<u> </u>	15	<u>S</u>		<u> </u>	
CASH / MF									
F&0									
CURRENCY									
DEBT									
ALL SEGMENT									
If you do not wish to trade	in any of segments / Mutual Fund, please	mentio	n here						·
If in future, you want to trade or	n any new segment/ new exchange, separate au	thorizatio	n letter	shoul	d be	subm	ittea	to SC	SSSL.
PROOF OF FIN	ANCIAL DETAILS (MANADATORY IN	CASE C	F F&C) & (CUR	REN	ICY		
Copy of ITR acknowledgm Salary slip Bank acc		of Form of dema				h cert			
I am willing to abide by the this regard.	e terms and conditions as mentioned in the N	SE/BSE/N	ИSEI Cir	culars	s froi	m tim	ie to	time	in
I shall ensure also complia change Board of India (SEB)	nce with the requirements as may be specific I).	ed from	time to	time	by	Secui	rities	and	Ex-

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

- 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]

	Gujarat Shares & Sharesbrokers Limited											
	d Floor Belgium Chambers											
Орр	Linear Bus Stop, Ring Road Surat-395003	FORM FOR NOMINATION										
	Surat-395003	(To be filled in by individual applying singly or jointly)										
	SETVICE OF INVER	(To be filled in by individual applying singly or jointly)										
	Towns in the second sec											
	Since 1992											
	The Financial Mall		Demat	Onl	y Trading	g	Both (Please '	Tick A	ny One	(:)	
		TRADING CODE	<u> </u>						П	11		
Da	tte DDMMYYY	Y Y UCC/ DP ID	IN			Client ID						
				riodic S								
I/	We wish to make a nomination. [As per	r details given below]	NM	1 – Print r	name(s)	of the n	ominee	(s)				
N	omination Details		RE	G – Print	nomina	ation regi	stration	statu	s (Ye	es/No)	
	We wish to make a nomination and do h my / our death.	nereby nominate the following	g person(s) wl	ho shall rece	ive all the	assets held i	n my / oui	accour	it in the	e event		
	omination can be made upto three minees in the account.	Details of 1st N	Nominee	Details	s of 2 nd No	ominee	Deta	ils of 3	rd Nom	inee		
1	Name of the nominee(s) (Mr./Ms.)											
	Please Fill Up Name As Per Document Submited											
	Share of each Equally		%			%				%		
2	Nominee [If not equally, please specify percentage]	Any odd lot after divi	sion shall be	e transferr	ed to the	first nom	inee mer	ıtioned	l in th	e forn	1.	
3	Relationship With the Applicant (If Any)					•						
4	Address of Nominee(s)											
	(Please Fill Up Address As Per Document Submited)											
	City / Place:											
	State & Country:											
5	PIN Code Mobile / Telephone No. of											
	nominee(s)											
6	Email ID of nominee(s)											
	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	Jos. 8-14 should be filled only if nomin	nee(s) is a minor:										
	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 / Tel Guardian	ephone no. of												
12	Email ID of Gua	rdian												
13	Relationship of nominee	Guardian with												
14	Guardian Identi [Please tick any and provide detai Photograph & S PAN Adha account no. P Demat Accoun (With Only S	one of following ils of same] Signature tar Saving Bank troof of Identity t ID												
	1 2	<u>'</u>	Name(s)	of hole	der(s)		ı				!_	Signa	ture(s)	of holder*
Sol	le / First Holder (Mı	:./Ms.)									,			
Se	econd Holder (Mr./	Ms.)												
Tl	hird Holder (Mr./M	s.)												
Note: This no The Tr	omination shall superading Member / De Declara nexure B to	ersede any prior nom pository Participant s ation Form f SEBI circula Mandatory I	ination made to shall provide a or optinar No. SE	by the cknow	account h wledgemen ut of r	older(s), at of the removed	if any. Iominati Iatio	ion for n (F <i>MB/</i> (m to the a	Nom 2021/	older(s ninat	ion)	d Jul	y
То		s & Sharesbrokers Lin gium Chambers		Da	ite	D	D	M	M	Υ	Υ	Υ	Υ	
(Opp Linear Bu	s Stop, Ring R -395003		ТРАТ	DING CODE	Only	Demat	<u> </u>	Only Trac	ling	Both (P	lease Tick	Any One	e)
UCO	C/DP ID	-380003		I	N N									
Clie	ent ID (only for	Demat accoun	t)											
Sole	e/First Holder	Name												
Sec	ond Holder Na	ime												

Signature of Holder(s)

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

Third Holder Name

value of assets held in the trading / demat account.