

Speciman Authorised Signatory Card

For Non Individual

To South Gujarat Shares & Share Brokers Limited 3rd Floor Belgium Chambers, Opp Linear Bus Stop Ring Road, Surat-395003		Date : _____	
<input type="checkbox"/> For Demat Account Only <input type="checkbox"/> For Trading Account Only <input type="checkbox"/> For Demat And Trading Account			
DP ID: IN300425		Demat A/c No	
Trading Account Number			
Entity Name			



	Signature Of Authorised Holder (With Stamp)
First Authorized Holder	
Second Authorized Holder	
Third Authorized Holder	

Combined Application Form for Change of Address and Bank Detail

For Non Individual

To South Gujarat Shares & Share Brokers Limited 3rd Floor Belgium Chambers, Opp Linear Bus Stop Ring Road, Surat-395003		Date : _____
<input type="checkbox"/> For Demat Account Only <input type="checkbox"/> For Trading Account Only <input type="checkbox"/> For Demat And Trading Account		
DP ID: IN300425	Demat A/c No	
Trading Account Number		
Entity Name		



☐ Tick for Address Change:-

Old Address	New Address
Pincode :	Pincode :

☐ Tick for Bank Detail Change:- ☐ Update ☐ Addition


	Old Bank Detail	New Bank Detail
BankA/c Type:		
Bank A/c No:		
Bank Name:		
Micr Code:		
IFSC Code:		
Bank Address:		

First Authorized Holder Signature (With Stamp)	Second Authorized Holder Signature (With Stamp)	Third Authorized Holder Signature (With Stamp)

Note : Please Submit All necessary Document in A4 size zerox copy with self attested and all copy should clear seen.

Combined Application Form for Change/Updating of Mobile No/Email ID & Annual Income

For Non Individual Account Only

To South Gujarat Shares & Share Brokers Limited 3rd Floor Belgium Chambers, Opp Linear Bus Stop Ring Road, Surat-395003		Date : _____										
												
<input type="checkbox"/> For Demat Account Only <input type="checkbox"/> For Trading Account Only <input type="checkbox"/> For Demat And Trading Account												
DP ID: IN300425	Demat A/c No	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Trading Code		<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Entity Name												

<input type="checkbox"/> Mobile Number		
SMS Tick	<input type="checkbox"/> Yes <input type="checkbox"/> No	
We Hereby declare that the aforesaid Mobile No belongs To _____ (Please specify)		
<input type="checkbox"/> Email ID		
We Hereby declare that the aforesaid Email Id belongs _____ (Please specify) E-statement/E-Contract <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Annual Income Tick Any One	Range1	<input type="checkbox"/> Below 20 Lacs <input type="checkbox"/> 20-50 Lacs <input type="checkbox"/> 50-100 Lacs <input type="checkbox"/> More than1 Crore
	Range 2	<input type="checkbox"/> Below 1 Lacs <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs -1 Crore <input type="checkbox"/> More than 1 Crore

First Authorized Holder Signature (With Stamp)	Second Authorized Holder Signature (With Stamp)	Third Authorized Holder Signature (With Stamp)

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

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

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

☐

1. Name of the Applicant

☐

2a. Date of incorporation

[D][D] / [M][M] / [Y][Y][Y][Y]

2b. Place of incorporation

☐

3. Date of commencement of business

[D][D] / [M][M] / [Y][Y][Y][Y]

☐

4a. PAN

☐

4b. Registration No. (e.g. CIN)

☐

5. Status (Please tick ✓ the appropriate)

☐ Private Limited Co.

☐ Public Ltd. Co.

☐ Body Corporate

☐ Partnership

☐ Trust

☐ Charities

☐ NGO's

☐ FI

☐ FII

☐ HUF

☐ AOP

☐ Bank

☐ Government Body

☐ Non-Government Organization

☐ Defense Establishment

☐ BOI

☐ Society

☐ LLP

☐ FPI - Category I

☐ FPI - Category II

☐ FPI - Category III

☐ Others (Please specify) _____

B

ADDRESS DETAILS

☐

1. Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. Specify the Proof of Address submitted for Correspondence Address: _____

☐

3. Contact Details

Tel. (Off.)

Tel. (Res.)

E-Mail Id.

Fax

Mobile No

☐

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])

☐

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

☐

2a. DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

D

DECLARATION

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 & 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.

Date: [D][D] / [M][M] / [Y][Y][Y][Y]



Name & Signature of the Authorised Signatory _____

FOR OFFICE USE ONLY

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.**

☐ Originals Verified and Self Attested Document copies received

Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

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

1. Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3a. PAN	3b. DIN
3c. Aadhar (UID) Number	
4. Residential/ Registered Address	
City / Town / Village State	Country Pin Code



**Declaration for Ultimate Beneficial Ownership [UBO]
(Mandatory for Non-Individual Applicants/Investors)**

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is a beneficial owner of such Companies.

A. Application Details:

Applicant Name :			
PAN :			
Category : (Please tick relevant Box)	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated association <input type="checkbox"/> Trust
	<input type="checkbox"/> Others _____ / Body Individuals		(Please specify)

B. Details of Ultimate Beneficial Owners: (Please refer Instructions 1)

Sr. No.	Name of Beneficial Owners	Nationality	Address	Identity Proof (Please enclose self-attested proof)*	Other Details (Please refer instruction 2)	Ownership (%)
1				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
2				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
3				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
4				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
5				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
6				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	
7				PAN: _____ Other Id Proof (if PAN not available): _____ (Please specify)	Country of Tax Residence: _____ Foreign Tax Identification Number: _____	

I/We hereby acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Stock Exchanges, Depository Participant, Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Place :

Date :



Authorised Signatories

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*