

**SOUTH GUJARAT SHARES & SHAREBROKERS LTD.**

● Corporate Member : NSE, BSE, MSEI (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  
**Ph. :** (0261) 2450773-774 **Mo Number :** 9327019499 **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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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)[illegible]

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)

Others (Place Specify) :-

		<input type="checkbox"/> Update	<input type="checkbox"/> Addition
<input type="checkbox"/> Only Demat Account <input type="checkbox"/> Only Trading Account <input type="checkbox"/> 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

Request for Update / Change Mode Of Operation & Communication in Jointly held Individual Demat accounts

Dp Id	I	N	3	0	0	4	2	5	Client Id								
									Date								

	Name of Account Holder
First/Sole A/c Holder Name	
Second A/c Holder Name	
Third A/c Holder Name	

☐ **Change in Mode of Operation (Please tick any one of the below options)**

☐ Jointly ☐ Anyone of the holder or survivors(s) ☐ First Holder

☐ **Communication to be sent to (Please tick any one of the below options)**

☐ First Holder ☐ All joint account holders

Note: -

➤ **Mode of operation applicable only for the below transactions. Remaining instructions should be signed by all holders of the demat account.**

1. Transfer of securities including Inter-Depository Transfer.
2. Pledge/ Hypothecation / margin pledge / margin re-pledge (Creation, Closure and Invocation and confirmation thereof, as applicable).
3. Freeze/ unfreeze account and/ or the ISIN and / or specific number of securities.

➤ In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected."

	A/c Holder Name	Signature
First/Sole Holder		→
Second Holder		→
Third Holder		→

**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.**  
**3<sup>rd</sup> Floor Belgium Chambers,**  
**Opp Linear Bus Stop, Ring Road,**  
**Surat - 395003.**

Date 

		/			/		
--	--	---	--	--	---	--	--

**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 _____.		
If in future, you want to trade on any new segment/ new exchange, separate authorization letter should be submitted to SGSSL.		
<p><b>PROOF OF FINANCIAL DETAILS (MANADATORY 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>		

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;">  </div>										<b>FORM FOR NOMINATION</b> <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	Y	UCC/ DP ID				I	N							Client ID															
I/We wish to make a nomination. <i>[As per details given below]</i>																																					
<b>Nomination Details</b>																																					
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.																																					
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1<sup>st</sup> Nominee</b>										<b>Details of 2<sup>nd</sup> Nominee</b>										<b>Details of 3<sup>rd</sup> Nominee</b>							
1	<b>Name of the nominee(s) (Mr./Ms.)</b> Please Fill Up Name As Per Document Submitted																																				
2	<b>Share of each Nominee</b> 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	<b>Relationship With the Applicant (If Any)</b>																																				
4	<b>Address of Nominee(s)</b> (Please Fill Up Address As Per Document Submitted)  City / Place: State & Country:																																				
										PIN Code																											
5	<b>Mobile / Telephone No. of nominee(s)</b>																																				
6	<b>Email ID of nominee(s)</b>																																				
<b>Nominee Identification details –</b> [Please tick any one of following and provide details of same]  <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar (last 4 digit) <input type="checkbox"/> Passport																																					
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>																																					
<b>Date of Birth {in case of minor nominee(s)}</b>																																					
9	<b>Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}</b>																																				
10	<b>Address of Guardian(s)</b>  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"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar (last 4 digit) <input type="checkbox"/> Passport			

**\*Joint Accounts:**

Event	Transmission of Account / Folio to
Demise of One or More Joint Holder(s)	Surviving holder(s) through name deletion The Surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously - having nominee	Nominee
Demise of all joint holders simultaneously - not having nominee	Legal heir(s) of the youngest holder

- 1) I / We want the details of my / our of my / our nominee to be printed in the statement of holding or statement of account, provided to me / us by the DP as follows; (Please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

- 2) This nomination shall supersede any prior nomination made by me / us, if any.  
3) Signature(s) - As per the mode of holding in demat account(s)

Name(s) of holder(s)		Signature(s) of holder
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

**Two Witnesses details are mandatory, if the account holder affixes thumb impression, instead of signature.**

Name:	1)	2)
Address		
Signature		

**Rights, Entitlement and Obligation of the investor and nominee:**


- If you are opening a new demat account, you have to provide nomination.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgment from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option of either continue as joint holders with other nominees or for each nominee(s) to open separate account.
- In case all your nominees do not claim the assets from the DP, then the residual unclaimed assets shall continue to be with the concerned Depository in case if Demat account.
- The signatories for this nomination from shall be as per mode of holding in the demat account(s) i.e.
  - 'Either of Survivor' Accounts - any one of the holder can sign
  - 'First holder' Accounts - only First holder can sign
  - 'Jointly' Accounts - all holders have to sign

Notes:

- Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- Nominees(s) shall extended all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees. as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% Share	Nominee Share	% initial	% of 'A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

**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.																														
<b>Signature of Holder(s)</b>																														
<table border="1"> <thead> <tr> <th align="center" colspan="3">Name(s) of holder(s)</th> <th align="center" colspan="2">Signature(s) of holder*</th> </tr> </thead> <tbody> <tr> <td>Sole / First Holder (Mr./Ms.)</td> <td colspan="2"></td> <td align="center" colspan="2">→</td> </tr> <tr> <td>Second Holder (Mr./Ms.)</td> <td colspan="2"></td> <td align="center" colspan="2">→</td> </tr> <tr> <td>Third Holder (Mr./Ms.)</td> <td colspan="2"></td> <td align="center" colspan="2">→</td> </tr> </tbody> </table>											Name(s) of holder(s)			Signature(s) of holder*		Sole / First Holder (Mr./Ms.)			→		Second Holder (Mr./Ms.)			→		Third Holder (Mr./Ms.)			→	
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