

Additional KYC Form for Opening a Demat Account

For Individuals 5

SHREE BALAJI MULTICOMMODITIES PVT. LTD.

724-725,7TH Floor Sun & Moon Chamber,near Ajmer Gate pulia jaipur(Raj.)302006 12089200

(To be filled by the Deposito	ory Partio	cipant)														
Application No.	•	<u> </u>			D	ate	D	D	[\rightarrow	1	M	Υ	Υ		Υ	Υ
DP Internal Reference No.																
DP ID 1 2 0 8 9 2 0 0				(Client 1	ID										
(To be filled by the applican						as per	· follow	ing de	etails:	:-						
Holders Details			,,			•		,								
Sole / First							PAN									
Holder's Name							UID									
Second Holder's							PAN									
Name							UID									
Third Holder's							PAN		.							
Name							UID									
*In case of Firms, Associatio opened in the name of the n Unregistered Trust, etc., sho	atural pe	ersons, t	the na	me of	ship Fi	rm, U irm, A	nregist .ssociat	tered tion of	Trust, f Pers	etc.	, alth	ough), Par	the ac	coui	nt is irm,	
Type of Account (Please ticl	whiche	ver is an	oplical	ole)												
Status				<i>,</i>			Sub -	Statu	ıs							
Individual	Indivi	dual Res	sident						Indivi	idual	-Dire	ctor				
	Individual Director's Relative Individual HUF / AOP Individual Promoter Minor Others(specify) Individual Margin Trading A/C (MANTRA)															
NRI	NRI Repatriable NRI Non-Repatriable NRI Repatriable Promoter NRI Non-Repatriable Promoter NRI — Depository Receipts Others (specify)															
Foreign National	Foreig	gn Natio	nal Fo	oreign	Nation	nal - [Deposit	tory R	eceipt	ts O	thers	(spe	cify)			
Details of Guardian (in case	the acco	ount hol	der is	minor	.)											
Guardian's Name	1110 0100				,					PAN	ı					
Relationship with the applica	nt															
I / We instruct the DP to rec				redit ir	n my /	our a	ccount	t	[Aut Yes		tic Cr No					
(If not marked, the default of I / We would like to instruct	the DP t	о ассер	t all th													
my /our account without any not marked, the default option				ion tro	om my	/our (ena (Ir		Yes		No					
Account Statement Requirement	As pe	r SEBI R	Regula	tion	D	aily		Week	dy		Fort	night	ly		Mon	thly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID									Ye	es	1	No				
T / We would like to share the email ID with the RTA									Ye	es	١	Vo				
I / We would like to receive (Tick the applicable box. If n							ectronic in Phys		th Ph	nysica	al and	l Elec	tronic			
I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') Yes No [ECS is mandatory for locations notified by SEBI from time to time]									Мо							
Bank Details [Dividend Ban																
	k Details	s]														
Bank Code (9 digit MICR cod		s]														
		5]									1					

Accoun	t type	Saving	g Currer	it C	thers (spec	cify)			
Bank N	ame								
Branch	Name Bank								
Branch	Address								
City		State			Country	PIN code			

(ii) Photocopy of the (iii) Photocopy of th (iv) Letter from the	e Bank ie Passl Bank.	Stateme book ha	ent having name and ving name and addr	d address of the BC ess of the BO, (or))	e the cheque book is issued							
Other Details	l	ncome F	Range per annum:										
Gross Annual Incom	ne	Up to Rs	.1,00,000 Rs 1,00,00	00 to Rs 5,00,000 Rs	5,00,000	to 10,00,000							
Details		Rs 10,00	,000 to Rs 25,00,000	More	than Rs 25,	00,000							
	N	let wort	h as on (Date)	D D M M Y Y Y Y Rs									
		[Net worth should not be older than 1 year]											
Occupation		Private / Public Sector Govt. Service Business Professional Agriculture Retired Housewife Student Others (Specify)											
Please tick , if appli	cable:	F	Politically Exposed Pe	erson (PEP)	Related t	o Politically Exposed Persor	(RPEP)						
Any other informati	on:												
SMS Alert Facilit Refer to Terms Conditions given as Annexure -	&	[(Man (if PO) option I wish	to avail the TRUST	ou do not wish to a	obile num	s facility, cancel this ber registered for SMS Aleri	,						
Transactions Usin Secured Texting Fa (TRUST). Refer to Terms and Conditi Annexure – 2.6	icility to ions	I/We v	Yes No wish to register the ered for TRUST	following clearing r	member ID	rescribed by CDSL for the same	itioned BO ID						
			Stock Exchange Name/ID	Clearing Me Name		Clearing Member ID (Option	onal)						
Easi		Easi a	ister for e asi, please llows a BO to view I lio online.										
	Gu		ole Holder or in case of Minor)	Second Ho	older	Third Holder							
Name			•										
Signatures													
(Signatures should	-	_	•	se Tear Here) ===	=====		=====						
Application No.:	Acknowledgement Receipt Application No.: Date:												
We hereby acknowle	edge th	ne receip	ot of the Account Op	ening Application F	Form:								
Name of the Sole / F	irst Ho	lder											
Name of Second Hol													
Name of Third Holde	er												