



Stock Broking Pvt. Ltd.

"Matalia House", 21-New Jagnath, Nr. Jain Bhuvan, Rajkot-360001. | Ph. +0281-2466387, 2460014, 6697500 | Fax No. : 0281-3048830 | mataliabroker@yahoo.com | www.matalia.co.in

Ver: Feb 2018

Account Details Addition / Modification Request Form (Trading & DP A/c)

Date: _____

Dear Sir / Madam,

I / We request you to make the following additions / modifications to my / our Trading and Demat account in your records.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark (✓) on the appropriate column.

Account Holder's Details

PAN NO. _____

NSDL DP ID - IN303575 | BO ID _____ | Trading Code _____

Annual Income | Upto 1 Lac | 1-5 Lac | 5-10 Lac | 10-25 Lac | 25-50 Lac | 50-1cr | 1cr & above | Networth as on Date Rs. _____

1. Bank & Dividend Details	Existing Details (As per DP Account)	New Details (This bank will be updated as default bank for PAYOUT)
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Bank Name & Branch:	Bank Name & Branch:
	A/c No.:	A/c No.:
	A/c Type:	A/c Type:
	MICR (Mandatory for DP):	MICR (Mandatory for DP):
	IFSC Code:	
	UPI ID:	

2. Contact Details	Existing Details	New Details
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Tel.: _____ Mob. _____	Tel.: _____ Mob. _____
	Email ID: _____	I hereby declare that the Mobile number as per KRA/CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN/Code _____ Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No Email ID: _____ I hereby declare that the E mail ID as per KRA/CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family*(specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN/Code _____

3. ECN activation and other electronic communication for Trading and Demat account: Yes No

I / We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities, transaction statements, Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statement(S), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement (s)") issued from time to time, at the above mentioned new email id: _____

4. FATCA Declaration			
Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please specify) Country of Birth _____ Citizenship _____ Nationality _____	Country of Tax Residency#	_____
		Tax Identification Number*	_____
		Identification Type	_____

I/We wish to update the above changes in KRA, Demat and Trading Account.

5. DP Details for Trading A/c		<input type="checkbox"/> Pay - in <input type="checkbox"/> Payout	
DP Name:	DP ID: _____	Client ID:	_____

6. Others (Pls Specify)	Existing	New

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.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature	Signature as per demat account	Signature as per demat account	Signature as per demat account

Any one Proof Required from the following list (Self attested by client and all joint holders, if any):
Bank details: Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 4 months with cancelled cheque.
Address details: Copy of Ration card, Adhaar card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Land line Telephone bill (not more than 3 months old).
DP details: Latest transaction statement / holding statement / CML copy.

For Branch use only:									
<table border="1"> <thead> <tr> <th>Document Received</th> </tr> </thead> <tbody> <tr> <td>Branch / RO Name:</td> </tr> <tr> <td>Date:</td> </tr> <tr> <td>Time:</td> </tr> </tbody> </table>	Document Received	Branch / RO Name:	Date:	Time:	<table border="1"> <thead> <tr> <th>Client Signature Verified By</th> </tr> </thead> <tbody> <tr> <td>Employee Name:</td> </tr> <tr> <td>Employee Code:</td> </tr> <tr> <td>Employee Signature:</td> </tr> </tbody> </table>	Client Signature Verified By	Employee Name:	Employee Code:	Employee Signature:
Document Received									
Branch / RO Name:									
Date:									
Time:									
Client Signature Verified By									
Employee Name:									
Employee Code:									
Employee Signature:									

For CSO use only:
CSO RECEIVED STAMP

7. Addition / Modification of Stock Exchange / Segment on which you wish to trade.

Exchange / Segment : BSE, NSE, MCX

*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off / mentioned as NA.

Exchange Segment	BSE	NSE	MCX
Cash			
Equity / Commodity Futures & Options (Derivative)			
Currency Derivative			
SLB			
Date of Commencement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

8. Margin Trading Facility Declaration

Yes No

- I/We have read and understood all terms & conditions, policy & procedures, rights & obligations prescribed by broker and concerned authority in regards to margin trading facility. So, you are requested to activate Margin Trading Facility in my/our client code _____
- I hereby consent to receive information / conformation through SMS / Email on my registered number / email address.

Signature



ACKNOWLEDGMENT RECEIPT

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID: I N 3 0 3 5 7 5	Client ID:	Trading Code:
Modification request for (Specify reason)	<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Signature <input type="checkbox"/> DP Addition <input type="checkbox"/> Others _____	

Depository Participant Seal and Signature