

**Account details addition/modification/deletion
request form
Sapphire Broking**



Please fill in all details in BLOCK LETTERS in English		Application number	Dated
DP ID	Client ID	Trading ID	

Account holder details	First/sole holder	Second holder	Third holder
Name			
Mother's name			
PAN			

I/We request to carry out the change of address/signature in the demat account.

I/We request to carry out the change of address/signature in the KRA and demat account.

I/We request that you make the following additions/modifications/deletions to my/our account in your records.

Details: Please specify 'Change of address', 'Change of bank details', 'Change of telephone number', etc.	
Type of change: Please specify if addition, modification, or deletion	
Existing details	
New details	

Attach an annexure (with signature(s)) if the space above is found insufficient.

First holder	Second holder	Third holder
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FOR OFFICE USE ONLY [In Person Verification (IPV) Details]

Name of the Organisation: Sapphire Broking

Date of the IPV: _____ Designation: _____

Employee ID: _____

Name of the Person who has done the IPV: _____

Signature of the Person who has done the IPV: _____

Seal/Stamp of the Intermediary

Acknowledgement

We have received the account modification/addition/deletion request for the account with details below on: _____

Client ID: _____ Application No: _____

	First/sole holder	Second holder	Third holder
Account holder's name			

Modification request for: _____

Seal & signature of authorised signatory: _____

**Know Your Client (KYC)
Application form (For Individuals Only)**



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory
Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application No: _____

Application Type:

New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Online Offline Other: _____

1. PERSONAL DETAILS

Name* (Same as ID proof) _____

(If any*) Maiden Name _____

Father/ Spouse Name _____

Mother Name _____

Date of Birth* ____ - ____ - ____

PAN* _____

Gender* Male Female Other

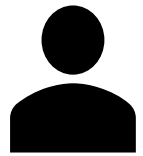
Marital Status* Married Unmarried Other

Residential Status* Residential Individual Non-Residential Indian
 Foreign National Person of Indian Origin

Nationality* Indian Others

Proof of Identity* PAN Others (Specify) _____

PHOTO



Cross Signature

2. PERMANENT ADDRESS

Line 1* _____

Line 2* _____

Line 3 _____ City/ Town/ Village* _____

District* _____ Pincode* _____

State* _____ Country* _____

Proof of Address* _____ Document Number _____

3. CORRESPONDENCE ADDRESS

If same as above address, then leave blank

Line 1* _____

Line 2* _____

Line 3 _____ City/ Town/ Village* _____

District* _____ Pincode* _____

State* _____ Country* _____

Proof of Address* _____ Document Number _____

4. CONTACT DETAILS

Mobile* _____ - _____ Tel.(office) _____ - _____

Tel.(Res) _____ - _____ Fax _____ - _____

Email ID* _____

5. REMARKS (IF ANY)

Remarks (If any) _____

6. APPLICATION DECLARATION

I/We hereby declare that the KYC details provided by me/us are true and correct to the best of my/our knowledge and belief. I/We undertake to promptly inform you of any changes to the information provided. I/We understand that if any of the above details are found to be false, untrue, misleading, or misrepresented, I/We may be held liable for the same.

I/We hereby consent to receiving communications from the Central KYC Registry via SMS and/or email on the registered mobile number and email address provided above.

I/We also consent to receiving communications from CVL KRA via SMS and/or email on the registered contact details. I/We acknowledge that for Aadhaar OVD-based KYC, my/our KYC request will be validated against Aadhaar details.

I/We further consent to sharing my/our masked Aadhaar card (with readable QR code), or my/our Aadhaar XML/Digilocker XML file along with the passcode, as applicable, with the KRA and other intermediaries with whom I/We have a business relationship, strictly for KYC purposes.

PLACE: _____

DATE: _____ (DD-MM-YYYY)

APPLICANT E-SIGNATURE

APPLICANT WET SIGNATURE

7. FOR OFFICE USE ONLY

Name of Employee _____ Employee Code _____

Designation _____ Date of IPV _____ - _____ - _____

Organization **SAPPHIRE BROKING** Signature of employee _____

Seal/Stamp of Intermediary

TRADING AND DEMAT ACCOUNT RELATED DETAILS

TYPE OF ACCOUNT: Individual Non-Individual Sub Status Resident Other

1. BANK ACCOUNT DETAILS – Payin/Payout of funds will be routed through the said bank account

Bank name, Branch and Address:

Account no. Savings Current
 MICR Code IFSC Code

2. DEPOSITORY ACCOUNT DETAILS (DPI DETAILS WILL BE CONSIDERED FOR PAYOUT OF SECURITIES)

	DP 1 Details	DP 2 Details
Depository Name	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL
DP NAME	<input type="text"/>	<input type="text"/>
Beneficiary Name	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
BO ID	<input type="text"/>	<input type="text"/>

Pledge instruction - I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end. Yes No

"I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') [Automatic Credit]" Yes No

3. MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)









Jointly Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder.

<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder <input type="checkbox"/> Second Holder <input type="checkbox"/> Third Holder	<input type="checkbox"/> Email ID
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4. TRADING PREFERENCES

Please sign in the relevant boxes where you wish to trade.
Please strike off the segment not chosen by you.

Exchanges	NSE, BSE				MCX, BSE & NSE
All Segments	Cash/ Mutual Fund	F & O	Currency	Debt	Commodity Derivatives
			 	 	

If you do not wish to trade in any of segments/ Mutual Fund, please mention here:

5. STANDING INSTRUCTIONS / AUTHORIZATION FROM THE CLIENT

Contract Note/Holding & Transaction Statement including CAS/Other Documents*	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
Receive Delivery Instruction Slip	<input type="checkbox"/> No <input type="checkbox"/> Yes
Share Email ID with Registrar & Transfer Agent	<input type="checkbox"/> No <input type="checkbox"/> Yes
Receive Annual Report	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical <input type="checkbox"/> Yes
DP Account Statement	<input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> As per SEBI Regulation
Declaration for Mobile Number	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
Declaration for Email ID	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
Bill-to-bill settlement	<input type="checkbox"/> No <input type="checkbox"/> Yes
Running Account Settlement	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Whether you wish to avail of the facility of internet trading / wireless technology (please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Margin Trading Facility (Refer Rights & Obligation document)	<input type="checkbox"/> No <input type="checkbox"/> Yes
SMS Alert Facility - Mandatory if you are giving Power of Attorney (POA). Ensure that the mobile number is provided in the KYC Application Form.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Note:
 1. Divided / Interest will be credited to designated bank account via ECS.
 2. In case client doesn't opt for DIS booklet, it would be issued on request at any later date.
 3. BO can view his ISIN balances, transactions & value portfolio online.
 4. *Other documents include SEBI prescribed standard documents i.e. Rights & Obligation documents for trading and depository account, Risk Disclosure Document & Guidance Note or any other communication / document disseminated by Sapphire broking.
 5. Sapphire may carry out proprietary trades in addition to cliental trades

6. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002

Experience	Number of years of Investment / Trading Experience
Gross Annual Income	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lacs <input type="checkbox"/> >25 lacs <input type="checkbox"/> > 1 Crore
	OR Net Worth in ₹ _____ as on date ___ - ___ - _____
Occupation*	<input type="checkbox"/> Govt. Services <input type="checkbox"/> Professional <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify):
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Consultancy <input type="checkbox"/> Others (Please Specify):
Client Category Commercial Participant Non-commercial participant	<input type="checkbox"/> Value chain participant <input type="checkbox"/> Financial participant <input type="checkbox"/> Arbitrager <input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Trader <input type="checkbox"/> Hedger <input type="checkbox"/> Other

Is the Client Politically Exposed Person (PEP) or Related to a PEP
 PEP Related to PEP Not a PEP / RPEP
 (If marked as PEP or related to PEP please fill the next form)

PEP DECLARATION

Are you related to any political party?	Yes/ No
If yes please mention the name of Party, otherwise only put your details at the end of form	
Are you connected to one or more person who holds or has held political connection like Member of parliament/Member of Lok Sabha/ Member of Raj Sabha/ Prime Minister/Chief Minister	_____ _____
Pls tick source Of Fund for Investment and provide relevant documents	Salary (Yes/ No) Business (Yes/ No) Other (Yes/ No)
Relationship with PEP	Self (Yes/ No) Mother (Yes/ No) Father (Yes/ No) Child (Yes/ No) Other (Yes/ No)
Title of Position Held/Hold since	
In what Jurisdiction is/was the position held/Hold?	

All the above information stated above is true to the best of my knowledge and discrepancy found, if any in above statement will lead to deactivation of my account and square off of my open position by the Sapphire Broking without any further intimation.

Client Name: _____

Trading Code: _____

Signature: _____

Date: ____ - ____ - _____