



BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-CDSL-05-99

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

Tel No. 022-22720000 Web: www.bcbbrokerage.com

Compliance Officer: Manish Mourya Email id – [complianceofficer@bcbrokerage.com](mailto:complianceofficer@bcbbrokerage.com)

Email ID for Investor grievance: investorgrievance@bcbbrokerage.com



Additional KYC Form for Opening a Demat Account (For Individuals)

(Updated as per CDSL Operating Instructions as on March, 2022)

(To be filled by the Depository Participant)

Application No.					Date					DP Internal Reference No.				
DP ID										Client ID				

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

Sole / First Holder's Name	PAN																		
	UID																		
Second Holder's Name	PAN																		
	UID																		
Third Holder's Name	PAN																		
	UID																		

Name*	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)

Status	Sub – Status	
Individuals	Individual Resident	Individual-Director
	Individual Director's Relative	Individual HUF / AOP
	Individual Promoter	Minor
	Individual Margin Trading A/C (MANTRA)	Others (specify) _____
NRI	NRI Repatriable	NRI Non-Repatriable
	NRI Repatriable Promoter	NRI Non-Repatriable Promoter
	NRI – Depository Receipts	Others (specify) _____
Foreign National	Foreign National	Foreign National - Depository Receipts
	Others (specify) _____	

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

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]									
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
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 (If not marked, the default option would be 'No')	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Account Statement Requirement	<input type="checkbox"/>	As per SEBI Regulation	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
I / We would like to share the email ID with the RTA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be Physical)	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Electronic	<input type="checkbox"/>	Both Physical & Electronic				

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') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IFS Code (11 character)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>									
Account type	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Current	<input type="checkbox"/>	Others (specify)				
Bank Name	<input type="text"/>									
Branch Name	<input type="text"/>									
Bank Branch Address	<input type="text"/>									
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>	PIN Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank. - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details										
Gross Annual Income Details	Income Range per annum:									
	<input type="checkbox"/>	Up to Rs. 1,00,000	<input type="checkbox"/>	Rs.1,00,000 to Rs.5,00,000	to	<input type="checkbox"/>	Rs.5,00,000 to Rs. 10,00,000			
	<input type="checkbox"/>	Rs.10,00,000 to Rs. 25,00,000	<input type="checkbox"/>	More than Rs.25,00,000	than					
	Net worth as on (Date)						Rs. _____			
<i>[Net worth should not be older than 1 year]</i>										
Occupation	<input type="checkbox"/>	Private / Public Sector	<input type="checkbox"/>	Govt. Service	<input type="checkbox"/>	Business				
	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Retired				
	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	Student	<input type="checkbox"/>	Others (Specify)				
Please tick , if applicable:	<input type="checkbox"/>	Politically Exposed Person (PEP)	<input type="checkbox"/>	Related to Politically Exposed Person (RPEP)						
Any Other Information										

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	Mobile No.	+91	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	[[Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).									

<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	
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Nomination Details

Nomination Registration No.	
Dated	

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

	I/We do not wish to nominate any one for this demat account.
	I/We nominate the following persons who is/ are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
First Name *			
Middle Name			
Last Name *			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Address *			
City *			
State *			
PIN *			
Country *			
Tel. No.			
FAX No.			
PAN No.			
UID			
Email ID			
Relationship with the BO *			
Date of birth (mandatory if Nominee is a minor) dd/mm/yyyy			
Name of the Guardian of Nominee (if nominee is a minor)			
First Name *			
Middle Name			
Last Name *			
Address of the guardian of nominee *			
City *			
State *			
PIN *			
Country *			
Age			
Tel No.			
Fax No.			
Email ID			

Relationship of the Guardian with the Nominee *			
Percentage of allocation of securities *			
Residual Securities [please tick any one nominee. * If tick not marked default will be first nominee]:			

Note: Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

* **Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: One witness shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

======(Please Tear Here)=====

Acknowledgement Receipt

Application No.:		Date	
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We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)

Name:

Designation and Employee ID:

Place:

Date: