



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

Email ID for Investor grievance: investorgrievance@bcbrokerage.com



Additional KYC Form for Opening a Demat Account (For Non-individuals)

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

DP ID: 12010400/01

(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																			
Search Name																				
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 (To be filled by the DP)																			
	Body Corporate		Banks		Trust		Mutual Fund		OCB											
	FII		CM		FI		Clearing House		Others (Specify)											
SEBI Registration No. (If Applicable)						SEBI Registration date														
RBI Registration No. (If Applicable)						RBI Approval date														
Nationality		Indian																		

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
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')						Yes		No
						Account Statement Requirement		As per SEBI Regulation
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____						Yes		No
I / We would like to share the email ID with the RTA						Yes		No
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be Physical)				Physical	Electronic		Both Physical & Electronic	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange							
Name of CC / CH							
Clearing Member Id						Trading member ID	

I / We wish to receive dividend / interest directly in to my bank account 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]						Yes	No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type		Savings		Current		Others (specify)			
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN Code			

- (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:					
		Up to Rs. 1,00,000		Rs.1,00,000 to Rs.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 as on (Date)				Rs.	
<i>[Net worth should not be older than 1 year]</i>							
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP).							

Provide details as per Annexure 2.2 A.	
Any other information	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	Mobile No.	+91											
	[(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.												

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black 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: