## **PUSHPAK FINSTOCK**

# Account Details Addition / Modification / Deletion Request Form Trading

PUSHPAK FINSTOCK 2130-A/2, "VRAJRAJ" 3 <sup>RD</sup> FLOOR, ATABHAI ROAD, BHAVNAGAR – 364001.								
Application No.		Date D	D M M Y Y					
Please fill all the details in Blocl	k Letters in English							
TRADING CODE								
[N. 60								
Name of Account Holder								
I/We request you to make the f	following additions / modification	ns / deletions to my/our account	in your records.					
DETAILS (Kindly select	Addition /							
required option)	Modification / Deletion (Please specify)	Existing Details	New Details					
☐ Bank Details☐ Nomination	☐ Addition							
☐ Signature								
POA	☐ Modification							
Email Phone No.	□ Deletion							
☐ Mobile No.								
Address Correspondence								
Permanent								
Others(Please Specify)								
Signature duly atte	sted by the Banker*							
Attach an Anneyure (with signa	ture(s)) if the space above is fou	nd insufficient						
Account		na maunicient						
Name								
Signature 🚫								
PLEASE ATTACH RELEVANT SUPPORTING PROOFS/DOCUMENTS FOR MAKING THE CHANGES.								
========		e Tear Here)======= ement Receipt	========					
Received Account Details	Addition / Modification / Delet	tions request as per details give						
Application No. Account Holder	Date	e D D M M Y	Υ Υ Υ					
Modification requested for: [Specify reason]								



#### TRADING ACCOUNT RELATED DETAILS

		IKA	אווענ	For In							= IA	ILO	)					
1	A. BANK ACCOUNT(S	) DETA	ILS															
	Name of the Bank																	
	Branch Address & Tel. No.																	
	Bank Account No.																	
	Account Type: Saving/Current/ Others in case of NRI / NRE / NRO																	
3	Bank Code (9 digit MICR Code)																	
	IFSC code																	
	B. DEPOSITORY ACCOUNT(S) DETAILS																	
	Depository Participant N	lame																
	Depository Name (NSDL/C	DSL)																
	Beneficiary Name																	
8	DPID																	
y	Beneficiary ID (BO ID)																	
С.	TRADING PREFERENC	ES																
Not	e: Please sign in the releva	nt boxe	s where	you wi	sh to	rade.	The S	egme	nt not	chos	sen sh	ould	be str	uck of	ff by t	he cli	ent.	
E	changes																	
N:	SE							MS	EΙ									
С	ash ⊗						С	ash	,		)							
ı	=o <b>&amp;</b> I						F	0	,		)							
							C	urre eriv	ncy, ative		)							
	in future, the client wan						t/ nev	w exc	hang	e, se <sub>l</sub>	parat	e aut	horiz	ation/	1			
D. I	PAST REGULATORY A	CTIONS	S															

Details of any action/proceedings initiated/pending/ taken by SEBI / Stock exchange / any other authority against the applicant / constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :



## **PUSHPAK FINSTOCK**

2130-A/2, 'VRAJRAJ' 3<sup>RD</sup> Floor, Atabhai Road, Bhavnagar (Guj)

\_\_\_\_\_

C. TRADING PREFERENCES										
Please sign ir	n the relevant boxes where you	wish to trade. Please str	ike off the segm	ent not chos	sen by you.					
Exchanges		NSE, BSE & MSEI			MCX, NCDEX, BSE & NSE					
All Segments	Cash / <del>Mutual Fund</del>	F&O	Currency	Debt	Commodity Derivatives					
If you do not wis	sh to trade in any of segments	Mutual Fund, please me	ntion here							

9	PUSHPAK

### **BROKERAGE (Tariff Sheet)**

	1 <sup>st</sup>	Leg	<b>2</b> <sup>nd</sup>	Leg						
	Percentage (%)	Minimum (Ps)	Percentage (%)	Minimum (Ps)						
Equity – Cash & Derivatives										
Trading										
Delivery										
Futures										
Option										
	Curi	rency Derivatives	5							
Intraday										
Settlement										
Option										
	•									

The above rates are exclusive of transaction charge, stamp duty, security transaction tax and service tax which will be charged at the rate prevailing from time to time.

$\otimes$				
-----------	--	--	--	--

Signature of Client / Authorised Signatory

Subbroker / AP Signature

Signature of Authorised Signatory Seal/Stamp of Pushpak Finstock

	PUSHPAK
To  Pushpak Finstock 2130-A/2, "VRAJRAJ", 3rd Floor, Near Reliance Super Market, Atabhai Road, Bhavr Dear Sir,  Sub: Confirmation of Mobile number and Email Id.	nagar-364 001.
, IWe (Na	me of the client).
	,
(PAN NO) would like to	confirm that the
Email Id Submittted by me/	/us belongs to :
1 ) Salf 2) Spouse 3) Dependent Parents 4) Dependent C	Children
Mobile No Submitted by me/us belongs to :	
1 ) Salf 2) Spouse 3) Dependent Parents 4) Dependent C	Children
I/ We hereby consent to receive information on the above mentioned mobile number and / or eany information received on the mobile number and email id mentioned above is / are acceregular basis and I / We state that the Company shall not be liable in any of the following situ if any information is not checked by me / us; in case of disconnection of the services of the mobile service provider; in case of discontinuance of usage of email by me/ us; in case the mobile number id registered under Do not Call Registry or register the same same is not disclosed by you; In case the mails sent are received under the junk or spam folder; in case of use / misuse of the mobile number or email id by any other person.  I/ We also agree that the Company shall not be held responsible in any case for providing in above mentioned mobile number and email id.  I/ We also undertake that my / our number at present is not registered under Do not Call Registransactional / servicing calls and / or SMSs / emails made by or on behalf of Pushpak Finstoc I/ We shall not lodge a complaint for violation of TRAI guidelines or any other guidelines phone calls and SMSs and also not lodge a complaint under Information Technology Act, 20 guidelines for the sending of emails. In case in future, I / We register for 'Do not Call', I / We aware well in advance by written intimation of 7 days to revoke this undertaking till my account with you.  I/We also undertake to intimate any change in the mobile number or email id in writing to the Cothe said information stands to be valid. I/We declare that to the best of my/our knowledge information furnished herein above is true and complete.	essible to me on lations:  in future and the formation on the stry and for such ck. Is on unsolicited 2000 or any other is shall make you at remains active company; till then,
information furnished herein above is true and complete.  Thanking you,	
Yours faithfully,	
$\otimes$	
Signature of Client / Authorised Signatory	<b>37</b>





## **FATCA-CRS Declaration & Supplementary KYC Information**

Declaration Form for Individuals / Non Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

I	PAN*									
	Name		· '	•	•	•	•			
	Address Type [for KYC address]	Residential Business		Residential / Registered O						
	Place of Birth			Country of Birth						
Φ	Gross Annual Income Details in INR	☐ 5-10 Lacs ☐ 1	-5 Lacs 0-25 Lacs 1 Crore	Occupation Details [Please tick any	☐ Govern	c Sector ☐ Private Sector rnment Service				
	Net Worth in INR. In Lacs [Optional]			one (✔)] Î	☐ Agriculturist ☐ Housewife☐ Student ☐ Retired☐ Forex Dealer☐ Others [Please specify]					
	Net Worth Date [Optional]	dd-mm-yyyy								
	Politically Exposed Person [PEP]	☐ Yes ☐ Related ☐ Not Applicable	d to PEP	Any other information [if applicable]	[Please specify]					
	* If PAN is not availal	ole, please specify Folio No(s)		1						
	a valir Calintry a	f Tay Pasidonay other than	India	Yes		10				
		f Tax Residency other than								
ļ	f 'Yes', please spec	ify the details of all countries w	here you ho	ld tax residency	and its Tax lo					
	S No Co	untry of Tax Residency#		r Identification ctional Equiva			tification other, pleas			
	1									
	2									
	3									
C	t to include all coun countries especially Declaration:	tries than India, where investor of USA	is Citizen / F	Resident / Green	Card Hold /	Tax Residei	nt in those	e respective		
	I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting. I/am aware that I may liable for it. I hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, update to such information as and when provided by ne to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental of statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherevar it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI /RBI/IRDA/PFRD to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums form my account or close or suspend my account(s) without any obligation of advising me of the same.									
[	Date :		_		S	ignature :				
F	Place :			$\otimes$						
							38	3		