

PUSHPAK FINSTOCK

Account Details Addition / Modification / Deletion Request Form

☐ Trading

PUSHPAK FINSTOCK 2130-A/2, "VRAJRAJ" 3RD FLOOR, ATABHAI ROAD, BHAVNAGAR – 364001.											
Application No.		Date	D	D	M	M	Y	Y			

Please fill all the details in Block Letters in English

TRADING CODE	
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Name of Account Holder	
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I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Kindly select required option)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details
<input type="checkbox"/> Bank Details <input type="checkbox"/> Nomination <input type="checkbox"/> Signature <input type="checkbox"/> POA <input type="checkbox"/> Email <input type="checkbox"/> Phone No. <input type="checkbox"/> Mobile No. <input type="checkbox"/> Address <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/> Others(Please Specify)	<input type="checkbox"/> Addition <input type="checkbox"/> Modification <input type="checkbox"/> Deletion		
Signature duly attested by the Banker*			

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

	Account Holder
Name	
Signature	⊗

PLEASE ATTACH RELEVANT SUPPORTING PROOFS/DOCUMENTS FOR MAKING THE CHANGES.

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

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Account Holder										
Modification requested for: [Specify reason]										

Seal and Signature



PUSHPAK FINSTOCK

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

C. 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 & MSEI				MCX, NCDEX, 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 _____.

BROKERAGE (Tariff Sheet)

	1st Leg		2nd Leg	
	Percentage (%)	Minimum (Ps)	Percentage (%)	Minimum (Ps)
Equity – Cash & Derivatives				
Trading				
Delivery				
Futures				
Option				
Currency Derivatives				
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.



Signature of Client / Authorised Signatory



Subbroker / AP Signature

Signature of Authorised Signatory
Seal/Stamp of Pushpak Finstock

To

Pushpak Finstock

2130-A/2, "VRAJRAJ", 3rd Floor, Near Reliance Super Market, Atabhai Road, Bhavnagar-364 001.

Dear Sir,

Sub: Confirmation of Mobile number and Email Id.

I/We _____ (Name of the client),

_____ (PAN NO) would like to confirm that the

Email Id _____ Submitted by me/us belongs to :

1) Self ☐ 2) Spouse ☐ 3) Dependent Parents ☐ 4) Dependent Children ☐

Mobile No. _____ Submitted by me/us belongs to :

1) Self ☐ 2) Spouse ☐ 3) Dependent Parents ☐ 4) Dependent Children ☐

I/ We hereby consent to receive information on the above mentioned mobile number and / or email id; and that any information received on the mobile number and email id mentioned above is / are accessible to me on regular basis and I / We state that the Company shall not be liable in any of the following situations:

- ☐ 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 in future and the 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 information on the above mentioned mobile number and email id.

I / We also undertake that my / our number at present is not registered under Do not Call Registry and for such transactional / servicing calls and / or SMSs / emails made by or on behalf of Pushpak Finstock.

I / We shall not lodge a complaint for violation of TRAI guidelines or any other guidelines on unsolicited phone calls and SMSs and also not lodge a complaint under Information Technology Act, 2000 or any other guidelines for the sending of emails. In case in future, I / We register for 'Do not Call', I / We shall make you aware well in advance by written intimation of 7 days to revoke this undertaking till my account remains active with you.

I/We also undertake to intimate any change in the mobile number or email id in writing to the Company; till then, the said information stands to be valid. I/We declare that to the best of my/our knowledge and belief the information furnished herein above is true and complete.

Thanking you,

Yours faithfully,

⊗

Signature of Client / Authorised Signatory



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

PAN*																
Name																
Address Type [for KYC address]	<input type="checkbox"/>	Residential				<input type="checkbox"/>	Residential / Business									
	<input type="checkbox"/>	Business				<input type="checkbox"/>	Registered Office									
Place of Birth						Country of Birth										
Gross Annual Income Details in INR	<input type="checkbox"/>	Below 1 Lakh		<input type="checkbox"/>	1-5 Lacs		Occupation Details [Please tick any one (✓)]	<input type="checkbox"/>	Business		<input type="checkbox"/>	Professional				
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/>	5-10 Lacs		<input type="checkbox"/>	10-25 Lacs			<input type="checkbox"/>	Public Sector		<input type="checkbox"/>	Private Sector				
	<input type="checkbox"/>	25 Lacs - 1 Cr		<input type="checkbox"/>	> 1 Crore			<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Housewife				
Net Worth Date [Optional]	dd-mm-yyyy										<input type="checkbox"/>	Agriculturist		<input type="checkbox"/>	Retired	
Politically Exposed Person [PEP]	<input type="checkbox"/>	Yes				<input type="checkbox"/>	Related to PEP				Any other information [if applicable]	[Please specify]				
	<input type="checkbox"/>	Not Applicable														

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India - ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type [TIN or other, please specify]
1			
2			
3			

to include all countries than India, where investor is Citizen / Resident / Green Card Hold / Tax Resident in those respective countries especially of USA

Declaration :

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 be 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 me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or 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 wherever 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 from my account or close or suspend my account(s) without any obligation of advising me of the same.

Date :

Signature :

Place :

