

From :

Client Name : _____

Client Address : _____

To,

Bharat Bhushan Equity Traders Limited

503, Rohit House, 3, Tolstoy Marg,
New Delhi-110001

Date : _____

Dear Sir/Madam,

Sub: Request for Activation of Trading Account

Ref: Trading Account Code : _____

Kindly activate my above referred trading account at the earliest to enable me to trade through the same. I would like to inform that the transactions through the aforementioned trading account would be carried out only by me. I am adducing copy of my PAN card towards my proof of identity along with this letter to enable you to immediately activate the aforementioned trading account. I can be reached at the following contact numbers for seeking confirmation on trades that are executed by me in through the aforesaid trading account.

Mobile No.: _____

E-mail : _____

Yours truly,



Client Code : _____

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

FOR INDIVIDUAL

Please affix your recent passport size photograph and sign across it

A. IDENTITY DETAILS

Name of the Applicant :

Father's/Spouse Name :

Gender : Male Female **Marital Status** Single Married

Date of Birth : Nationality :

Status : Resident Individual Non Resident Foreign National

PAN :

Unique Identification Number (UID)/ Aadhaar, if any :

Specify the proof of Identity submitted :

B. ADDRESS DETAILS

Address for Correspondence :

City/Town/Village :Pin Code :

State : Country :

Contact Details : Tel. (Office) :Tel. (Res.).....Mobile :

Fax : E-mail :

Specify the proof of address submitted for correspondence address:.....

Permanent Address :
(if different from above or overseas address, mandatory for Non-Resident Applicant)

City/Town/Village :Pin Code :

State : Country :

Specify the proof of address submitted for permanent address :.....

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant  _____ Date :

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory Date :

Seal/Stamp of the Intermediary

To,
Bharat Bhushan Equity Traders Limited

503, Rohit House, 3, Tolstoy Marg, New Delhi-110001

Date : _____

Dear Sir,

I/We am/are registered client with you. In reference to my/our dealings with you as your client, I/We herewith undertake & confirm following as an addendum to the existing 'Account Opening Form' executed between us.

Authorization for Electronic Contract Notes and Other Communication

I/We hereby authorize and confirm to send Contract Note, Bills, Ledgers, Transaction Statement (Funds & Securities), Order / Trade Confirmation Slip and other documents in electronic form at my/our email id as mentioned in my/our Account Opening Form. Further, any change in the e-mail id, will be communicated to you through a physical letter.

Authorization for Running Account

I/We herewith confirm and authorize you to maintain my/our account on running basis in order to facilitate the transfer of funds across segments/exchange(s) and retain the payout received / credit balance in my/our for my/our future obligation/margin obligation or other liabilities unless I/We instruct otherwise. I/We also aware that the authorization can be revoked at any time at my/our own discretion.

In the event, I/We have outstanding obligations on the settlement date, you may retain the requisite securities / funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.






The actual settlement of funds shall be done at least one in the preference period selected below : (Please tick)

- Once in a Calandar Quarter Once in a Calandar Month

Authozation to active Market Segments / Stock Exchanges

I/We herewith authorize and request you to activate below segment/stock exchanges for my/our account held with you.

Trading Preference

BSE (CM)	NSE (CM)	NSE (F&O)	NSE (CD)	ALL
 _____	 _____	 _____	 _____	 _____

Financial Details :

Annual Income Range : (Please tick whichever is applicable)

- Below Rs. 1 Lac Rs. 1 to 5 Lac Rs. 5 to 10 Lac
 Rs. 10 to 25 Lac Above Rs. 25 Lac

For the Trading in derivatives segments, I/We furnish the following documents as financial information :

List of Documents	(Please Tick)
Copy of ITR Acknowledgement	
Copy of Annual Accounts	
Copy of Form 16 in case of Salary Income	
Net Worth Certificate	
Salary Slip	
Bank Account Statement for last 6 Months reflecting Income	
Copy of Demat Holding Statements	
Others (Pl. Specify)	

Others

I/We herewith confirm that no action has been taken by SEBI or other authorities against me/us during the last 3 years. I/We also confirm and agree to provide you the information of any action taken by SEBI or other authorities against me/us.

I/We understand the distinction and details regarding the voluntary clause - 'Digitally Signed Contract Notes' mentioned within the mandatory documents - Member Constituent Agreement / Tripartite Agreement between Stock Broker, Sub-broker and Client.

I/We also confirm that I/We have read and understood the Policies & Procedures of Bharat Bhushan Equity Traders Ltd. made available on the Trading Portal under the link 'Download' (Website : www.bharatbhushan.com)

I/We understand and acknowledge that these Policies and Procedures are subject to change/amend and thus any change(s)/ amendment(s) shall be incorporated in the document and placed/updated on the website from time to time.

I/We herewith agree to provide a written request to you for a copy of the Account Opening Form, Policies & Procedures and any other document executed by me/us.

Yours faithfully,

 _____

Client Name :

Client Code :

BHARAT BHUSHAN EQUITY TRADERS LIMITED

503, Rohit House, 3, Tolstoy Marg, New Delhi-110001 • Ph.: +91-11-49800900, Fax : +91-11-49800933

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
B) Please fill the form in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end.
C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application.
D) Please read section wise detailed guidelines / instructions at the end. H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



Photograph

Please affix your recent passport size photograph and sign across it.

For office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number _____ (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

1.	Name* (Same as ID proof)	
2.	Maiden Name (if any)*	
3.	Father's / Spouse Name*	
4.	Mother's Name*	
5.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	b) Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
6.	a) Citizenship* <input type="checkbox"/> IN - Indian <input type="checkbox"/> Other (ISO 3166 Country Code _____)	b) Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
7.	PAN	
8.	Date of Birth	Place/City of Birth
9.	Occupation Type* (<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector) (<input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X - Not Categorized	
10.	Income Range :	<input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs 1 - 5 Lac <input type="checkbox"/> Rs. 5-10 Lac <input type="checkbox"/> Rs. 10 - 25 Lac <input type="checkbox"/> More than Rs. 25 Lac (per annum)

2. ADDRESS DETAILS

1.	Local / Correspondence Address	City/Town/Village*	PIN/Post Code*						
		State/U.T. Code*	ISO 3166* Country Code						
2.	Contact Details (All communications will be sent on provided Mobile no./Email Id)	Tel. (Off.)	Tel. (Res.)						
		Fax No.	Mobile No.						
		Email ID							
3.	Current / Permanent / Overseas Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	City/Town/Village*	PIN/Post Code*						
		State/U.T. Code*	ISO 3166* Country Code						

Signature / Thumb Impression of the Applicant

3. PROOF OF ADDRESS (POA)* (Please refer instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type * Residential Business Residential / Business Registered Office Unspecified
Proof of Address * Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card
 Simplified Measures Account - Document Type Code Others _____

4. PROOF OF IDENTITY (POI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number _____ Passport Expiry Date _____
 B- Voter ID Card _____
 C- PAN Card _____
 D- Driving Licence _____ Driving Licence Expiry Date _____
 E- UID (Aadhaar) _____
 F- NREGA Job Card _____
 Z- Others (any document notified by the central government) _____ Identification Number _____
 S- Simplified Measures Account - Document Type code Identification Number _____

5. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/We under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by NDML KRA only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I have an option for request for deletion of my Aadhaar record.
- I hereby consent to receiving information from NDML KRA through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Place : _____

Date : _____ Signature / Thumb Impression of the Applicant  (3) _____

9. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified Copies Verified with Originals

KYC & IN-PERSON VERIFICATION CARRIED OUT BY

Emp. Name / Code	
Emp. Designation	
Emp. Branch	
Emp. Signature	
Date	<input type="text"/>

INSTITUTION DETAILS

Name : BHARAT BHUSHAN EQUITY TRADERS LIMITED
Code : IN 0077
NDML MI ID : P1158
CVL POS Code : 1800000110

BHARAT BHUSHAN EQUITY TRADERS LTD.

503, ROHIT HOUSE, 3, TOLSTOY MARG, NEW DELHI-110 001
 TEL.: 011-49800907, 41505504 • FAX : 49800933
 DP ID - IN 301209



REQUEST FOR UPDATION OF DEMAT / TRADING ACCOUNT PARTICULARS

Date : _____

I/We _____ and _____

and _____ the holders of beneficiary account bearing ID's

Client ID : _____ (For Depository A/c)

Client Code : _____ (For Trading A/c)

For Change of Address :

Please attach Self attested proof of identity and Proof of new address in the form of copy of any of the documents listed on reverse.

Present Address	New Address

For Change of Bank Detail :

*Please furnish copy of cancelled cheque of bank account.

1	Bank Account Type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____
2	Bank Account Number			
3	Bank Name			
4	Branch Address			
		City/Town/Village	Pin Code	
		State	Country	
5	MICR Code			
6	IFSC			

The said SMS Alert facility may kindly be given on Mobile No. _____

I hereby declare that the aforesaid Mobile no. belongs to :

Me or My family { Spouse Dependent Children Dependent Parents }

My E-mail Id is _____

I hereby declare that the aforesaid E-mail Id belongs to :

Me or My family { Spouse Dependent Children Dependent Parents }

My/Our UID is _____

(*Please furnish copy of self-attested Aadhar Card of all the Holders).

Mode of receiving Statement of Account (Tick any one)	<input type="checkbox"/> Physical Form
Refer Notes of receiving Statement of Account in Electronic Form	<input type="checkbox"/> Electronic Form
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 <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"/> Rs. 25,00,000 to Rs. 1 Crore <input type="checkbox"/> More than Rs. 1 Crore
	Net worth as on (Date) _____ Rs. _____ (Net Worth should not be older than 1 year)
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retiered <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify).....

X _____
(Sign. 1st Holder)

X _____
(Sign. 2nd Holder)

X _____
(Sign. 3rd Holder)

Notes : For receiving Statement of Account in Electronic Form :

- The Client(s) is/are aware that is will not receive the transaction statements in paper form.
- Client must ensure the confidentiality of the password of the email account.
- Client must promptly inform the Participant if the email address has changed.
- Client may opt to terminate this facility by giving 10 days prior notice.
- Attach proof for required updation. Without proof request will not be processed.
- Supporting proof to be self attested by the client.
- Updation to be processed on receipt of Form at Head Office, 503, Rohit House, 3, Tolstoy Marg, New Delhi-110001

To,

Bharat Bhushan Equity Traders Ltd.
503 Rohit House , 3 Tolstoy Marg
New Delhi - 110001

FEMA / FATCA-CRS Declaration

1. Are you a Tax Resident of any country other than India Yes No
2. 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 No.	Identification Type [TIN or other, please specify]
1.			
2.			
3.			

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my/our 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 also declare that I have complied & will continue to comply with FEMA regulations.

Yours faithfully,

Name :
Client ID / Trading Code :
Place :
Date :

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