



KYC - APPLICATION FORM FOR TRADING AND DEMAT A/C - INDIVIDUAL

Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)

A. IDENTITY DETAILS

1	Name of the Applicant											
2	Name of Father/Spouse											
3	a. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c. Date of Birth							
					D	D	M	M	Y	Y	Y	Y
4	a. Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other	Pls specify (if other)		b. Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National						
5	a. PAN, copy attached	<input type="checkbox"/>					b. UID/Aadhaar					
6	Specify Identity proof submitted				Id Proof for PAN exempt Cases (DP A/c only)							

Affix recent passport size Photograph and Sign across it

1

B. ADDRESS DETAILS

1	Correspondence Address	City/Town/Village		PIN Code	
		State		Country	
2	Specify proof of correspondence address submitted				
3	Contact Details	Telephone (office)		Telephone (Res)	
		Fax No.		Mobile No.	
		Email ID			
4	Permanent Address (if different from above. Mandatory for Non-Resident Applicant to specify overseas address)	City/Town/Village		PIN Code	
		State		Country	
		Specify the Proof of Permanent address submitted			

C. 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 I may be held liable for it and the same will render my account liable for termination and suitable action.

2

Place	Signature of 1st / Sole Applicant		Date	D	D	M	M	Y	Y	Y	Y
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Form should be filled in English and in Block Letters (Use Black ink only)

AMC / INTERMEDIARY NAME & CODE : Ashika Stock Broking Limited • CVL POS Code : 1100034500 • NDML MI ID : P0340

FOR OFFICE USE ONLY

	Documents verified with Originals by	Client interviewed by	In-Person Verification done by																					
Staff Name																								
Code & Designation																								
Signature																								
Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.		<input type="checkbox"/> (Original verified) Self Certified Documents copies received <input type="checkbox"/> (Self Attested) True copies of documents received																						
		Sign/Seal/Stamp of the intermediary																						



KYC - APPLICATION FORM FOR DEMAT A/C - INDIVIDUAL (For Joint A/c)

Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)

1	Second Holder's Name	
2	Name of Father/Spouse	
3	Permanent Address	
4	Correspondence Address, (if different from above)	

Affix recent passport size Photograph and Sign across it

5	a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	b. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	c. Date of Birth	D	D	M	M	Y	Y	Y	Y
6	a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other <small>Pls specify (if other)</small>	b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
7	a. PAN, copy attached <input type="checkbox"/>	b. UID/Aadhaar									
8	Specify proof of Identity submitted	9. Specify address proof submitted									
10	Contact Details	Telephone (Office)	Telephone (Resi)								
		Fax No.	Mobile No.								
		E-mail ID									

1	Third Holder's Name	
2	Name of Father/Spouse	
3	Permanent Address	
4	Correspondence Address, (if different from above)	

Affix recent passport size Photograph and Sign across it

5	a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	b. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	c. Date of Birth	D	D	M	M	Y	Y	Y	Y
6	a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other <small>Pls specify (if other)</small>	b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
7	a. PAN, copy attached <input type="checkbox"/>	b. UID/Aadhaar									
8	Specify proof of Identity submitted	9. Specify address proof submitted									
10	Contact Details	Telephone (Office)	Telephone (Resi)								
		Fax No.	Mobile No.								
		E-mail ID									

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/We am/are aware I/We may be held liable for it and the same will render my/our account liable for termination and suitable action.

Signature of the 2nd Applicant

Signature of the 3rd Applicant

Place		Date	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> (Self Attested) True copies of documents received	Seal/Stamp of the intermediary	IPV Done <input type="checkbox"/> on	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> (Original verified) Self Certified Documents copies received		Staff details (Name, code & Designation)								
		Signature								
		Date	D	D	M	M	Y	Y	Y	Y

Form should be filled in English and in Block Letters (Use Black ink only)

AMC / INTERMEDIARY NAME & CODE : Ashika Stock Broking Limited • CIVL POS Code : 1100034500 • NDML MI ID : PC340



ASHIKA STOCK BROKING LIMITED

Depository Participant of Central Depository Services (I) Ltd.
 Corporate Office: 1008, 10th Fl., Raheja Center, 214, Nariman Point, Mumbai - 400021, Ph.: 022-6611-1700, Fax : 022-6611-1710
 Head Office: TRINITY, 226/1, A.J.C.Bose Road, 7th Fl., Kolkata - 700020, Ph.:033-2283-9952, Fax : 033-2289-1555
 EMAIL: dpservices@ashikagroup.com DPID : 12034500, SEBI Regn.No. IN-DP-CDSL-250-2004

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

APPLICATION No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block letters in English

Applicant's Detail	DPID	Client ID
Applicants' Name	1	
	2	
	3	

- I/We request to carry out the change of address / signature in the Demat Account
 I/We request to carry out the change of address / signature in the KRA and Demat Account
 I / We request to make the following Additions / Modifications / Deletions to my / our Demat Account in your records:-

Details (Pls. specify change of Address, Bank details, Contact Numbers etc.	Addition / Modification / Deletion Pls. Specify	Existing Details	New Details

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

Name of Sole/1st Holder	Name of 2nd Holder	Name of 3rd Holder
Sign of Sole/1st Holder	Sign of 2nd Holder	Sign of 3rd Holder

 Acknowledgement Receipt
 Received Account Details Addition / Modification / Deletions request as per details given above :

Applicant's Detail	DPID	Client ID
Applicants' Name	1	
	2	
	3	

For, Ashika Stock Broking Limited

Seal & Signature



Modification Request form

Modification Request No.

Modified by

Verified by

From,

Client ID : 1 0 0

Date : / /

Sole/First Holder

Second Holder

Third Holder

Address:

Dear Sir,

You are requested to change my **Bank Details / Local Address / Correspondence Address / other details as under. I/We am/are enclosing the required proof for the same, with originals for your verification. Proof of Identity and latest transaction statement is also enclosed as per your requirement .

Current Bank Details

Bank Name	
Bank A/c No.	
Bank A/c Type	
Bank Address	
Pin Code	
MICR No.	

New Bank Details

Bank Name	
Bank A/c No.	
Bank A/c Type	
Bank Address	
Pin Code	
MICR No.	

Current Local/Correspondance Details

Address			
Pin		Phone	
Email		Mobile	
SMS Alerts (if Mobile No. provided, pl tick)		Yes / No	

New Local/Correspondance Details

Address			
Pin		Phone	
Email		Mobile	
SMS Alerts (if Mobile No. provided, pl tick)		Yes / No	

Thanking you,
Sincerely yours,

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

All Joint Holders must sign the request form

Note : ** Strike out whichever is not applicable

In case of Bank Particulars Changes, please provide your Latest Bank Statement/Pass Book and one duly signed Cancelled cheque.

In case of Address Change, please provide your ID Proof , Address Proof and latest Transaction Statement sent to you by us.

Any Change sought in the respective Demat account is to be supported by proper proof with originals for verification.

(Voluntary)

From:

Name : _____

Address: _____

Date: _____

To

M/s. Ashika Stock Broking Limited

"Trinity"

226/1, A. J. C. Bose Road,

7th Floor,

Kolkata – 700020

Dear Sir,

Ref : Mandate to issue Contract Notes and Quarterly Statement in Electronic Format

I/We hereby agree and consent to accept the Contract Notes for transaction carried on by me/us with you and the quarterly statements of funds and securities (hereinafter referred to as "quarterly statement"), in terms of the agreement entered into between us, in electronic form, Electronic Contract Notes & quarterly statements issued by you as per the terms and conditions specified hereunder shall be binding on me/us. I/We undertake to check the Contract Notes & quarterly statements and bring the discrepancies to your notice within 24 hours and 30 days respectively of such issuance of Contract Notes & quarterly statements. My/our non-verification or not accessing the Contract Notes and quarterly statements on regular basis shall not be a reason for disputing the Contract Notes & quarterly statement at any time. The mandate is subject to terms and conditions mentioned herein below:

This instruction to issue digital contract notes & quarterly statements is applicable with immediate effect.

Yours faithfully,

Signature of the Client

E-mail Id: _____

Client Code _____

Tel. No. _____

Mobile. _____

Dear Customer,

We thank you very much for opting for our offer to send you the Contract Notes & quarterly statements in the electronic form. Terms and conditions for availing the facility of the electronic Contract Notes & quarterly statements digitally signed are as follows. Please sign it as an acceptance to it.

1. The client will ensure availability of the above mentioned e-mail ID at all times.
2. That the non-receipt of bounced e-mail notification by ASBL once ECNs / Quarterly Statement / Margin Statement are sent to Client's above mentioned e-mail ID can be safely taken of having been received .
3. The client shall update for any change in e-mail ID through a duly executed physical letter.
4. The Contract Notes, Daily margin statement & Quarterly Statements will be issued in electronic form in compliance with the guidelines issued by SEBI / Exchange from time to time.
5. Electronic Contract Notes, Daily margin statement & Quarterly statements will also be available on URL **<https://www.ashikadirect.com>**
6. Clients can view the electronic Contract Notes, Daily margin statement & Quarterly statements on URL by using the username & password.
7. Electronic contract Notes will be archived at an interval of 15 days. If client intends to view the electronic Contract Notes for a period prior to 15 days, client may request for the same in writing.
8. In case of any failure in system or errors in electronic Contract Notes, daily margin statement and quarterly statements, will be issued in physical form, which shall be binding on the client.
9. Any changes in the terms and conditions shall be intimated from time to time.