



Client Reactivation Form (RE-KYC) / Combined Modification Form  
Application form (For Non-Individuals Only)



**DALAL & BROACHA**  
**STOCK BROKING PVT. LTD.**

Depository Participant-ID 11700  
DP SEBI Reg. No. IN-DP-CDSL-17-99

506, Maker Chambers V, 221, Nariman Point, Mumbai - 400021.  
Tel. : 2282 2992 / 2287 6173 • Fax : 2287 0092 • E-mail : cds@dalal-broacha.com / compliance.officer@dalal-broacha.com

Please fill in ENGLISH and in BLOCK LETTERS with black ink CKYC No. \_\_\_\_\_

Date \_\_\_\_\_

**A. Identity Details (please see guidelines overleaf)**

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

Client Code \_\_\_\_\_

Demat Account No. \_\_\_\_\_

2. Date of Incorporate    /    /

Place of Incorporation \_\_\_\_\_

3. Registration No. (e.g. CIN) \_\_\_\_\_

Date of commencement of business    /    /

4. Status Please tick (3) ☐ Private Limited Company ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs  
☐ HUF ☐ FI ☐ FII ☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Government Body  
☐ Non Government Organisation ☐ Defence Establishment ☐ Body of Individual ☐ Society ☐ LLP ☐ Others (Please Specify) \_\_\_\_\_

5. Permanent Account Number (PAN) (MANDATORY) \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

**B. Address Details**

1. ☐ 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.

(A) I/We request you to make the following additions / modifications / deletions to my / our account in your records.

Details (Pls. specify change in Address, Email Id, Mobile)	Pls. Specify (Addition / Deletion / Modification)	Existing Details	New Details
<input type="checkbox"/> Correspondence Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Email Id <input type="checkbox"/> Mobile No. <input type="checkbox"/> Others			

Email ID and Mobile Number represent by

☐ Represented by Karta ☐ Represented Authorized person

2. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (3) against the document attached.

☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf) (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted    /    /

3. Annual Income Details: ☐ Below 1 Lac ☐ 1 - 5 Lac ☐ 5 - 10 Lac ☐ 10 - 25 Lac ☐ 25 Lac - 1 Cr ☐ Above 1 Cr

Attached financial proof such as Balance sheet alongwith Networth Certificate, IT Returns etc.

4. Any other information \_\_\_\_\_

5. Net worth as on \_\_\_\_\_ Rs. \_\_\_\_\_

**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 am/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

**NAME & SIGNATURE(S)  
OF AUTHORISED  
SIGNATORY**

A13

First Authorised Signatory

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

**DALAL & BROACHA STOCK BROKING PVT. LTD.**

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary



IPV Done ☐ on    /    /

Name of Employee: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_