

Mobile & Email ID Declaration Only Non Individual Accounts

Date

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DP ID :	Client ID :
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Trading Code	Client Name

Name of First Holder		
	Details	Relationship with the person whose Mobile Number/Email ID is provided (Tick wherever applicable)
Mobile No.		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent I do not have mobile number <u>For Non Individual</u> : <input type="checkbox"/> Karta <input type="checkbox"/> Co-Parceners <input type="checkbox"/> Partnership firm <input type="checkbox"/> Authorized Partners <input type="checkbox"/> Trustees <input type="checkbox"/> Authorized Person <input type="checkbox"/> Corporate <input type="checkbox"/> Authorized Person
Email ID		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent I do not have email ID <u>For Non Individual</u> : <input type="checkbox"/> Karta <input type="checkbox"/> Co-Parceners <input type="checkbox"/> Partnership firm <input type="checkbox"/> Authorized Partners <input type="checkbox"/> Trustees <input type="checkbox"/> Authorized Person <input type="checkbox"/> Corporate <input type="checkbox"/> Authorized Person

Name of Second Holder		
	Details	Relationship with the person whose Mobile Number/Email ID is provided (Tick wherever applicable)
Mobile No.		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> I do not have mobile number
Email ID		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> I do not have email ID

Name of Third Holder		
	Details	Relationship with the person whose Mobile Number/Email ID is provided (Tick wherever applicable)
Mobile No.		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> I do not have mobile number
Email ID		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> I do not have email ID

Signature of First Holder	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">13</div> <input checked="" type="checkbox"/>
Signature of Second Holder	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">09</div> <input checked="" type="checkbox"/>
Signature of Third Holder	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">09</div> <input checked="" type="checkbox"/>

I wish to receive e-Statement Yes No