



**Multigain Securities Services Pvt. Ltd.** (DP : CDSL, SEBI REGN. NO. IN-DP-CDSL-608-2011; DP ID - 12070400)  
 Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
 Tel: 0591-2490400/500, 6456733/744, Fax: 2490400 | Email : dp@multigain.in

Application No. \_\_\_\_\_

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**Application Form (For Individuals Only)**

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

1. Name of Applicant (As appearing in supporting identification document).

Name \_\_\_\_\_

2. Father's/Spouse Name \_\_\_\_\_

3. A. Gender  Male  Female B. Marital status  Single  Married C. Date of Birth d d / m m / y y y y

4. A. Nationality  Indian  Others (Please Specify) \_\_\_\_\_

B. Status (Please tick (✓))  Resident Individual  Non Resident  Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. A. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

B. Aadhaar Number, if any: \_\_\_\_\_

6. Specify the proof of Identity submitted

UID (Aadhaar)  Passport  Voter ID  Driving Licence  Others \_\_\_\_\_

PHOTOGRAPH  
  
Please affix the recent passport size photograph and sign across it

(Please see guideline 'D' overleaf)

**B. Address Details (please see guidelines overleaf)**

1. Residence Address :

City/Town/Village	Country	Pin Code
State		

2. Contact Details

Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)	Fax (ISD) (STD)
E-mail Id.	

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

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving Licence  Voter Identity Card  \* Latest Bank A/c Statement/Passbook

\* Latest Telephone Bill (only Land Line)  \* Latest Electricity Bill  \* Latest Gas Bill  Others (Please Specify) \_\_\_\_\_

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

4. Permanent Address of Resident Applicant if different from above B I OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/Village	Country	Pin Code
State		

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

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \* Latest Bank A/c Statement/Passbook

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

**DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

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

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

**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
(1)

**FOR OFFICE USE ONLY**

IPV Done  on d d / m m / y y y y

AMC/Intermediary name or code

**Multigain Securities Services Pvt. Ltd.**

(Original Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

**DOCUMENTS VERIFICATION**

Staff Name  
Designation  
Name of the Organization  
Signature  
Date

**IN-PERSON VERIFICATION**

Staff Name  
Designation  
Name of the Organization  
Signature  
Date



**Multigain Securities Services Pvt. Ltd.** (DP : CDSL, SEBI REGN. NO. IN-DP-CDSL-608-2011, DP ID - 12070400)  
 Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
 Tel: 0591-2490400/500, 6456733/744, Fax: 2490400 | Email : dp@multigain.in

Applicant No. \_\_\_\_\_

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**Application Form (For Individuals Only)**

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**1. Name of Applicant** (As appearing in supporting identification document).

Name \_\_\_\_\_

**2. Father's/Spouse Name** \_\_\_\_\_

**3. A. Gender**  Male  Female **B. Marital status**  Single  Married **C. Date of Birth** | d d / m m / y y y y | \_\_\_\_\_

**4. A. Nationality**  Indian  Others (Please Specify) \_\_\_\_\_

**B. Status** (Please tick (✓))  Resident Individual  Non Resident  Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

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**6. Specify the proof of identity submitted**

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PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

(Please see guideline 'D' overleaf)

**B. Address Details (please see guidelines overleaf)**

**1. Residence Address :**

City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**2. Contact Details**

Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_  
 Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_  
 E-mail Id. \_\_\_\_\_

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

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \* Latest Bank A/c Statement/Passbook

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\* Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** | d d / m m / y y y y | \_\_\_\_\_

**4. Permanent Address of Resident Applicant if different from above B 1 OR Overseas Address (Mandatory) for Non-Resident Applicant**

City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

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

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\* Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** | d d / m m / y y y y | \_\_\_\_\_

**DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

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

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

**SIGNATURE OF APPLICANT**

 (I)

**FOR OFFICE USE ONLY**

IPV Done  on | d d / m m / y y y y | \_\_\_\_\_

AMC/Intermediary name or code

**Multigain Securities Services Pvt. Ltd.**

(Original Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

**DOCUMENTS VERIFICATION**

Staff Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Name of the Organization \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**IN-PERSON VERIFICATION**

Staff Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Name of the Organization \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)**



**Multigain Securities Services Pvt. Ltd.**  
 DP : CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED  
 SEBI REGN. NO. IN-DP-CDSL-608-2011, DP ID - 12070400

Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
 Tel: 0591-2490400/500, 6456733/744, Fax: 2490400  
 Email : dp@multigain.in

(To be filled by the Depository Participant)

Application No.							Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.															
DP ID	1	2	0	1	6	4	0	Client ID							

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per the following details

**Holders Details**

Sole/First Holder Name	PAN													
	UID													
Second Holder Name	PAN													
	UID													
Third Holder Name	PAN													
	UID													

Name \*

\* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

**Type of Account (Please tick whichever is applicable)**

Status	Sub - Status		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual - Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoters	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (MANTRA)	<input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI-Depository Receipts	<input type="checkbox"/> Others (specify) _____
	<input type="checkbox"/> Foreign National		
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National Depository Receipts	
	<input type="checkbox"/> Others (specify) _____		

**Details of Guardian (in case the account holder is minor)**


Guardian's Name																	
PAN															Relationship with the applicant		

I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic
I/We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]										(* 9 digit MICR Code)				(# 11 Character)						
Bank Code*										IFSC Code#										
Bank A/c No.										Bank A/c Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others	Pl. Specify						
Bank Name										Branch Name										
Bank Branch Address	City/town/village									PIN Code										
	State									Country										

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO  
(iii) Photocopy of the Passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details	
Gross Annual Income Details	Income Range per annum <input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,001
	Net worth as on (Date) ___/___/20___ Rs. _____ [Net worth should not be older than 1 year]
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____
Please tick, if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information	

<b>SMS Alerts Facility</b>	Mobile No. + 9 1																		
Refer to Terms & Conditions given as Annexure 2.4	[(Mandatory, if you are giving Power of Attorney (POA)) (If POA is not granted & you do not wish to avail of this facility, cancel this option).																		
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST																		
	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)																
	To register for easi, please visit our website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.																		

Nomination Details		
I/We the Sole Holder / Joint Holder / Guardian (in case of minor) hereby declare that	Nomination Regn. No.	
<input type="checkbox"/> I/We do not wish to nominate any one for this demat account	Dated	
<input type="checkbox"/> I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my/our death.		
Full Name of the Nominee		
Address	City/town/village	PIN Code
	State	Country
Telephone No.	Fax No.	
PAN	UID	
E-mail ID		
Relationship with BO (if any)		
Date of Birth (mandatory If nominee is a minor)		




As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as **Guardian**:

Full name of Guardian of Nominee						
Address	City/town/village			PIN Code		
	State			Country		
	Telephone No.			Fax No.		
E-mail ID						
Relationship of Guardian with Nominee						

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.  
 Note : Two witnesses shall attest signature(s) / thumb impression(s)

DETAILS OF THE WITNESS		
	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

I/We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature	 (2)		

(Signatures should be preferably in black ink).

For Pay-in Of Securities For The Purpose Of Settlement

TO ALL TO WHOM THESE PRESENTS SHALL COME I ..... India, Indian inhabitant SEND GREETINGS.

Whereas I hold a Beneficiary account no. 12070400 .....with Central Depository Services (India) Limited, through Multigain Securities Services (P) Ltd. bearing DP-ID 70400 And Whereas I am an investor engaged in buying and selling of securities through Multigain Securities Services (P) Ltd., a member of National Stock Exchange, bearing SEBI registration no. INB 231376634 and a member of Bombay Stock Exchange, bearing SEBI registration no. INB 011376630 And Whereas due to exigency and paucity of time, I am desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I "THE ABOVE NAMED" DO HEREBY NOMINATE, CONSTITUTE/ AND APPOINT Multigain Securities Services (P) Ltd. (name of the attorney/ Clearing Member) as my true and lawful attorney (hereinafter referred to as the attorney) for me and on my behalf and in my name to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the clearing house of the recognized stock exchange toward any segment in respect of securities sold by me through them and for margin requirement in my trading Account.

This authority is restricted to the pay-in obligations arising out of the transactions of sale affected by me through Multigain Securities Services (P) Ltd and requirement for margin purpose in my trading account with Multigain Securities Services Pvt. Ltd, and I ratify the instructions given by the aforesaid Clearing Member to the Depository Participant named hereinabove in the manner specified herein. The related Account No of Multigain Securities Services Pvt Ltd for Payin and Margin is – NSE POOL A/c – IN517345, 12070400 00000971, BSE Pool A/c IN661173, 12070400 00000950, 12070400 00000946, Margin A/c IN300966 10527298, 12070400 00000342, MCX-SX POOL A/c-IN470196/1207040000011519.

I further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I have given to the Depository Participant notice in writing to the contrary, and clearance the pay in obligation occurred due to trading of Notice Date.

SIGNED AND DELIVERED

By the within named Beneficial Owner

CLIENT.....

IN THE PRESENCE OF

I Accept (Name, Address and Signature of the Attorney)

HUF Declaration and Consent Letter (NOC)

To, Multigain Securities Services Pvt. Ltd.

Date : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Regd. Office : H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
Corporate Office : 126, Pocket-1, Jasola Vihar, Near Living Style Mall, New Delhi-110025

I, ....., KARTA of the ....., HUF desirous to open a Demat Account, with M/s. Multigain Securities Services Pvt. Ltd., a Depository Participant with CDSL having DP ID 12070400

For this purpose, I hereby declare details of all Co-parceners of my HUF as follows:

S. No.	NAME OF THE CO-PARCENERS (IN BLOCK LETTER)	Date of Birth	Sex	Relationship with Karta	Signature of Co Parceners
1.		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		⊗
2.		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		⊗
3.		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		⊗
4.		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		⊗

I, hereby further declare that I will be solely responsible for the affairs of the HUF.

Thanking you,  
Yours faithfully,

For.....(HUF)



**NAME DIFFERENCE DECLARATION – CHANGE**

To,  
**Multigain Securities Services Pvt. Ltd.**  
 Regd. Office : H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
 Corporate Office : 126, Pocket-1, Jasola Vihar, Near Living Style Mall, New Delhi-110025

Dear Sir,

This is to certify that the name in PAN Card ..... and the name in PAN Card site ..... and the name on bank proof or cheque ..... and the name on my address proof ..... all are same and all belongs to me. Further I declare that I have no objection to open account and provide all my payouts (if any) in the name ..... as per my Pan Card / Bank.

I request you therefore to open the Demat account with your company on my aforesaid representation as per the form duly filled in by me and accept the documents furnished by me in support thereof. I agree to abide by all the terms & conditions of the company as are applicable for the opening and operation of the said account.

I state that without prejudice to the company's rights, other rights in law or under the terms & conditions or otherwise, I shall be liable to pay damages and compensation to the company, which may be incurred or suffered by the company upon the company opening the said account as requested by me relying on my aforesaid representation.

Thanking you

Yours Faith fully,

(6) ✓ ..... First Holder Signature	..... Second Holder Signature	..... Third Holder Signature
Name.....	Name.....	Name.....

**DECLARATION BY THE PERSON FILLING THE FORM**

(Forms filled in by scribe OR for forms signed in vernacular languages)

To,  
**Multigain Securities Services Pvt. Ltd.**  
 Regd. Office : H-50, Lajpat Nagar, Moradabad-244001 (U.P.)  
 Corporate Office : 126, Pocket-1, Jasola Vihar, Near Living Style Mall, New Delhi-110025

- Form filled by B.O.
- Form filled by other person

I/We Mr./Ms./Mrs./M/s ..... R/o .....

having known the applicant for a period of ..... Yrs .....Months do hereby declare that Mr. /Ms / Mrs. /M/s.....

R/o..... wishes to open

Demat account with M/s Multigain Securities Services Pvt. Ltd. DP ID : ..... with CDSL.

I/We have explained all the terms and conditions contained in participant and BO agreement. I/We have also explained the Power of Attorney (POA).

& meaning and purpose of all the authorizations and standing instructions pertaining to smooth operation of Demat Account with M/s Multigain Securities Services Pvt. Ltd. DP ID:12070400 with CDSL.

Signature of Scribe	Name of Scribe	Address of Scribe
Signed and delivered by Client **		
First Holder Signature	.....	Witness Signature : .....
Second Holder Signature	.....	Name : .....
Third Holder Signature	.....	Address : .....

\* Please stamp & Sign in case of Non-Individuals Account. \*\* In case of Joint holding, all joint holders must sign.



**CDSL DEPOSITORY CHARGES OF Multigain Securities Services Pvt. Ltd.**

PARTICULARS		SCHEDULE "A"	SCHEDULE "C" (For Non-Individual/ NRI/Foreign National/ Others)
Account Opening Charges		NIL	NIL
Annual Membership Fee (Upfront)		₹ 240/- (Per Year) <input type="checkbox"/>	₹ 999/- (Per Year) <input type="checkbox"/>
Lifetime Membership Fee		₹ 999/- (Non-Refundable) <input type="checkbox"/>	₹ 4999/- (Non refundable) <input type="checkbox"/>
		₹ 1999/- (Refundable) <input type="checkbox"/>	
Transaction Charges	(Receipt) Buy	NIL	NIL
	(Delivery) Sale	₹ 15/-	₹ 15/-
Dematerialisation Fee		₹ 3/- per certificate	₹ 3/- per certificate
Rematerialisation Fee		₹ 20/- per Certificate	₹ 20/- per certificate
Postage per Demat / Remat Request		₹ 50/-	₹ 50/-
Pledge (Initiate)		₹ 50/- per ISIN	₹ 50/- per ISIN
Pledge (Closure)		₹ 25/- per ISIN	₹ 25/- per ISIN
Easiest		₹ 50/- per quarter	₹ 50/- per quarter
Advice Book Charge (10 leaves)		₹ 10/-	₹ 10/-
Additional Statement		₹ 10/- per page	₹ 10/- per page
		₹ 25/- postage charges	₹ 25/- postage charges
Documentation Charges		As per Actuals	As per Actuals
A/c Detail Modification		₹ 50/- per request	₹ 50/- per request
KRA Charges		₹ 50/-	₹ 50/-

**Terms & conditions**

- 1) Clients will be required to pay ₹ 1000/- upfront for each demat account which will be adjusted towards depository service charges. Client will be required to replenish the balance immediately when it falls below ₹ 500/-.
  - 2) DP Charges of Broking Clients will be debited to their Trading accounts.
  - 3) Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including overseas consignment will be charged extra on actual basis.
  - 4) All charges are subject to revision at the discretion of Multigain after giving a notice of 30 days.
  - 5) All charges are payable on monthly basis and delayed payment will be liable for interest @ 2% PM.
  - 6) Multigain may suspend/freeze the depository services of the account holder on non-payment of outstanding bills.
  - 7) Service Tax extra as applicable.
- \* Annual Charges will be charged in case of account closure within one year from the date of opening.

 (8)

First Holder Signature

Second Holder Signature

Third Holder Signature





# Multigain Securities Services Pvt. Ltd.

Regd. Office : H-50, Lajpat Nagar, Moradabad - 244001 (U.P.)  
 Ph.: +91-591-2490500 / 6456733 / 44 Fax : +91-591-2490400

## ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.		Date								
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(Please fill all the details in **BLOCK LETTERS** in English)

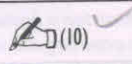
DP ID	1	2	0	7	0	4	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

Account Holder's Details	
Name of the First/Sole Holder	
Name of the Second Holder	
Name of the Third Holder	

I/We request you to make the following additions / modification / deletions to my/our account in your records.

Details (Pl. specify change of address, bank details, phone no. etc.)	Addition / Modification / Deletion (Pl. Specify)	Existing Details	New Details

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

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

Modification No.....

Depository Participant Seal and Signature

(Please Tear Here)



Multiplying Your Money - Ethically  
 An ISO 9001:2008 Certified