




ONE OF
INDIA'S LEADING
FINANCIAL SERVICES FIRM

Corporate Office: - Marwadi Financial Plaza', 150 Feet Ring Road, Nana Mava Main Road Rajkot 360005

MARWADI
FINANCIAL SERVICES

Required Documents for Change of Category in Equity Demat and Trading A/c NRI Individual – Change of Type Subtype NRI TO ORDINARY Requirement Proof List

 **Notes:** - In NSDL – CDSL Demat And Trading Account form, write in English & Capital Letters with Black pen only & attach required All documents with proper Client Signature & also duly Verified Stamp with Signature and Identity of the person & Signature in my Presence By Branch Employee

❖ List of Document Requirement of (NRI TO ORDINARY) Account Change of Type Subtype

- 1) Request For Change of Residential / Repatriation Status - NRI TO ORDINARY Form Fill UP
- 2) One Pass port Size Color Photograph
- 3) Individual Client CKYC form Required
- 4) Individual Pan Card Client self attested copy
- 5) Individual Address Proof - Aadhar card, Voter Id Card, Pass Port, Driving License
(Date of Expiry should be Beyond 6 Months)
- 6) Individual Photo Id Proof - Pan Card, Aadhar Card, Voter Id Card, Pass Port, Driving license
(Date of Expiry should be Beyond 6 Months)
- 7) Individual Name with Bank Proof - Pass Book, Statement, Cancel Cheque printed MICR and IFSC proof
- 8) Individual Client all proof self attested copy required
- 9) Individual NRI to ORDINARY Change of Category account all form details fill up with signature required
- 10) Individual NRI to ORDINARY Change of Category client all proof in Branch and AP Verification stamp
With signature required



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ANNEXURE A

REQUEST FOR CHANGE OF RESIDENTIAL / REPATRIATION STATUS

To <DP Name> Marwadi Shares and Finance Limited. <DP Address> "Marwadi Financial Plaza", NanaMava Main Road, Rajkot	Date	D	D	M	M	Y	Y	Y	Y
	DP ID	I	N						
	Client ID								

Dear Sir/Madam,

I/we are holding above demat account with you. As my/our residential / repatriation status has (have) changed, we request you to carry out the following changes in my/ our aforesaid demat account:

A. Type and Sub-type

1	Type	Current type	New type
		NRI <input type="checkbox"/>	Resident <input type="checkbox"/>
	Sub-type	Current sub-type (please tick any one)	
		REPATRIABLE <input type="checkbox"/>	ORDINARY <input type="checkbox"/>
		NON-REPATRIABLE <input type="checkbox"/>	

OR

2	Change in Repatriation status	NRI-REPATRIABLE <input type="checkbox"/>	NRI NON-REPATRIABLE <input type="checkbox"/>
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B. Bank details (If applicable)

Bank Account Type Savings Account Current Account Others (Please specify) _____
 Bank Account Number _____
 Bank Name _____
 Branch Address _____
 MICR _____ IFSC _____

C. Residential address (Mandatory if not captured in demat account or is captured but has changed)

 _____ City _____ State _____ Pin Code _____

D. Mobile No. (Mandatory SMS alert if you are giving Power of Attorney):

E. Email ID (In case of any change / updation):

I/we hereby declare that I/we have complied and will continue to comply with requirements under FEMA.

	Name	Signature
Sole/First holder		
Second holder		
Third holder		

4. CONTACT DETAILS (Communication will be done on provided Mobile no. and E-mail ID) (Telephone No. with STD Code) (Refer instruction C at end)

Tel. (Office)	<input type="text"/>	Tel. (Resi.)	<input type="text"/>
		Mobile	<input type="text"/>
E-mail ID	<input type="text"/>		
I Herely declare that the aforesaid mobile number and E-mail belongs to		Wish to Receive Electronic Contract Note Statements Ledgers etc.	
<input type="checkbox"/> Me	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Children	<input type="checkbox"/> Dependent Parents
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. REMARKS (if any)

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. GUARDIAN DETAILS (In case of Minor Account)

Guardian Full Name	<input type="text"/>
Guardian PAN No.	<input type="text"/> Guardian Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>

7. APPLICANT DECLARATION

I/We hereby declare that 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/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We 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.

Date : / / Place :



8. ATTESTATION / FOR OFFICE USE ONLY (BRANCH)

Documents Received Self Certified True Copies Notary IPV Done Date : / /

E-KYC Data Received from UIDAI Data REceived from Offline verification

Digital KYC Process Equivalent e-document.

Emp. No. Name Designation



9. INSTITUTIONAL DETAILS

Name **M A R W A D I S H A R E S A N D F I N A N C E L T D**

Ref. No. **1 0 0 2 3 8** Institution Code : **I N 1 8 5 8**



Instruction : (1) Please fill the form in English and in Block Letters (2) Please, read guidelines / detailed instructions overleaf (3) List of Two Character ISO-3166 country codes are available overleaf.

Account Details Addition / Modification Request Form (Trading & DP A/c)

Dear Sir/Madam,

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

I/We wish to update the below changes in C-KYC KRA Demat Trading A/c

NSDL DPID-IN300974	Client Id									Trading/Broking A/c.:	
CDSL DPID-12035100	Client Id										

Mother Name: _____ **Aadhar No:**

1 Income Details

Annual Income(Rs.) Upto 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac 0.5-1Cr 1Cr & Above

Net worth as on date _____ : **Rs.** _____

2 Bank Details

Existing Details (Mandatory)	New Details
Bank Name:	Bank Name:
Branch Name & Address:	Branch Name & Address:
City: Pin Code:	City: Pin Code:
A/c No.:	A/c No.:
A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> OD/CC
MICR* (Mandatory for DP):	MICR* (Mandatory for DP):
IFSC Code:	IFSC Code: NEFT/ RTGS <input type="checkbox"/>

Note: *9 digit code of the bank & branch appearing on the cheque issued by the Bank. For availing ECS facility, MICR code is mandatory

3 Mobile & Emaild

	Tick should be Mandatory
Mobile FirstHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents
Mobile SecondHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents
Mobile ThirdHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents
EmailID FirstHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents
EmailIDSecondHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents
EmailID ThirdHolder	<input type="checkbox"/> Me <input type="checkbox"/> Spouse <input type="checkbox"/> DependentChildren <input type="checkbox"/> Dependentparents

Despite the fact that I/we may have registered for DND (Do Not Disturb) with respective Mobile Service Provider, MSFL is authorized to send SMS on the above mentioned mobile number and I/we confirms that MSFL will not be held liable for sending any information on SMS and also authorizes MSFL to submit such undertaking before the TRAI or such other regulator or service provider for allowing MSFL to send SMS despite DND Status of the Client Mobile Number.

- **Client Option to received e-Statement ()**
- **Receive Annual Reports, AGM notices and other communications from Issuers & RTAs in Physical From ()**

4 Updating of e-mail for ECN in Broking/Trading Account:

I/We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities/margins, transaction statements, Monthly/Quarterly statement of accounts/holding statement(s)/bills or other reports, Statement(s), related notices, Circulars, arrangement and such other correspondence, documents, records, by whatever name called (hereafter referred to as "statement(s)" issued from time to time on the

I hereby declare that the aforesaid mobile number and Email belongs to

Declaration:

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.

Client Signature as per Broking			
Client Signature as per DP			
Client Name	First Holder	Second Holder	Third Holder

IDENTITY OF THE CLIENT(S) VERIFIED IN PERSON & SIGNED IN MY PRESENCE

Emp./SB/AP Name : _____ Emp./SB/AP Code: _____

Signature : _____ Date: _____ Place: _____

Client Name: _____

Client Code: - _____

To,
Marwadi Shares and Finance Limited,
Marwadi Commodity Brokers Private Limited.
Marwadi Financial Plaza, 4th Floor,
Nana Mava Main Road,
Rajkot.

Dear Sir/Madam,

Sub.:- Consent for receiving funds payout through NEFT/RTGS and addition of bank (If required).

I/We hereby request you to add the bank and/or send my funds payout through NEFT/RTGS to my/our bank account on your records for payout purpose. For this purpose, I/We hereby provide following details to you;

1. Bank Name :- _____
2. Bank Account No. :- _____
3. Bank Account type :- Savings/Current
4. **IFSC Code** :- _____

I/We are also attaching herewith;

1. *Copy of cancelled cheque.*
2. *Latest copy of Bank Statement.*

This instruction for NEFT/RTGS shall supersede all/any prior instructions for NEFT/RTGS, if any, given by me/us.

Yours truly,

Thanking You.

(_____)

