

APPLICATION FOR CHANGE / ADD IN DETAIL

Goldmine Stocks Pvt Ltd

Registered Office : P05-01D, P05-01E, 5th Floor, Tower A, WTC Gift City,
Road 5E, Zone 5, Gift City, Gandhinagar - 382 355
Corporate Office : "Goldmine House", 4, Niranjani Nirakar Society,
Nr. Shreyas Railway Crossing, Ahmedabad - 380 007
Tel : + 91 79 2664 1080 | Fax : + 91 79 2660 7298
email : helpdesk@goldmine.co.in | website : www.goldmine.co.in

(DP ID IN 301645)

Client ID:

Trading Code :

Application for : (Please tick relevant box)

- ☐ Add/Update Mobile Number ☐ Add/Update Email Number ☐ Add Aadhar Number ☐ Electronic Contract Facility
☐ Change / Add in Bank Details ☐ Change of Signature ☐ Account Re-activation ☐ Additional Demat Linking

First / Sole Holder Name

Mobile				E mail			
UPI ID				DOB			
Mobile No.	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
E-mail ID	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
PAN No.		Aadhar No.					
OCCUPATION							
<input type="checkbox"/> Private Sector		<input type="checkbox"/> Business		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Housewife	
<input type="checkbox"/> Public Sector		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Student	
<input type="checkbox"/> Government Service		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others Please specify; _____			
GROSS ANNUAL INCOME							
Income Range per annum <input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1-5 lac <input type="checkbox"/> ₹ 5-10 lac <input type="checkbox"/> ₹ 10-25 lac <input type="checkbox"/> More than ₹ 25 lac							
Net worth in Rupees _____ as on date _____							

Second Holder Name

Mobile				E mail			
UPI ID				DOB			
Mobile No.	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
E-mail ID	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
PAN No.		Aadhar No.					
OCCUPATION							
<input type="checkbox"/> Private Sector		<input type="checkbox"/> Business		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Housewife	
<input type="checkbox"/> Public Sector		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Student	
<input type="checkbox"/> Government Service		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others Please specify; _____			
GROSS ANNUAL INCOME							
Income Range per annum <input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1-5 lac <input type="checkbox"/> ₹ 5-10 lac <input type="checkbox"/> ₹ 10-25 lac <input type="checkbox"/> More than ₹ 25 lac							
Net worth in Rupees _____ as on date _____							

Third Holder Name

Mobile				E mail			
UPI ID				DOB			
Mobile No.	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
E-mail ID	My Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Not Available <input type="checkbox"/>
PAN No.		Aadhar No.					
OCCUPATION							
<input type="checkbox"/> Private Sector		<input type="checkbox"/> Business		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Housewife	
<input type="checkbox"/> Public Sector		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Student	
<input type="checkbox"/> Government Service		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others Please specify; _____			
GROSS ANNUAL INCOME							
Income Range per annum <input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1-5 lac <input type="checkbox"/> ₹ 5-10 lac <input type="checkbox"/> ₹ 10-25 lac <input type="checkbox"/> More than ₹ 25 lac							
Net worth in Rupees _____ as on date _____							

Change / Add in Bank Detail :											
I/We request you to change/add my/our Bank Details as below.											
Current Detail : Bank Name :						A/c. No. :					
Branch Address :						Pin Code					
MICR						Type : SB / Current / Cash Credit					
IFSC											
New Detail : Bank Name :						A/c. No. :					
Branch Address :						Pin Code					
MICR						Type : SB / Current / Cash Credit					
IFSC											
Additional Bank : Bank Name :						A/c. No. :					
Branch Address :						Pin Code					
MICR						Type : SB / Current / Cash Credit					
IFSC											
Documents of All Joint Holders : <input type="checkbox"/> Cancelled Cheque (original) <input type="checkbox"/> Self attested copy of Pass-book along with last three months statement or statement (Show original for Verification) (Sign on photocopies)											
Change of Signature											
I / We request you to change the signature as below :											
Existing Signature:											
1st Holder				2nd Holder				3rd Holder			
Name of Account Holder											
Current Signature											
X				X				X			
New Signature:											
1st Holder				2nd Holder				3rd Holder			
Name of Account Holder											
New Signature											
X				X				X			
Reason for Change in signature :											
Bank Attestation :											
Name of Bank :											
Name of Bank Manager :											
Designation & Emp. Code											
Of the Attesting Authority under its Bank Seal and Stamp											

Documents of All Joint Holders : (Show original for Verification) (Sign on photocopies)

- ☐ Self attested copy of Photo ID ☐ Client's new signature should be duly attested by client's Banker.
☐ Client should visit personally and affix his/her signature in the presence of officials of Goldmine.

X _____ (Sole/First Holder) Authorised Signatory	X _____ (Second Holder) Authorised Signatory	X _____ (Third Holder) Authorised Signatory
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Account Re-Activation

I/We hereby request you to reactivate my/our trading account and treat this as intimation for reopening.

I hereby undertake that I/We have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you.

☐ There are no changes in respect of my Address, Bank account, PAN details and other details as provided to you earlier.

I/We request you to update/change my/our following details in your record as per documents provided.

☐ Change in Address ☐ Change in Bank Details ☐ Change in Other Details _____ (Pl. Specify)
I do agree to abide by the relevant rules, regulations and circulars issued by exchange(s) and SEBI from time to time.

Additional Demat Linking**Attach Photocopy of required proof and show original for verification.**

1. DP ID : DP Name :

Client ID : Client Name :

2. DP ID : DP Name :

Client ID : Client Name :

- ☐ I/We request you to issue us the transaction statements periodically as per the NSDL guidelines by email to us or on your website for the above demat account with you.
- ☐ I/We do not wish to opt for BSDA Account.
- ☐ I / We hereby request you to register my / our new address mentioned in KYC / KRA form, enclosed with application for change/add in details for my / our Demat and Trading Account.
- ☐ I request you to send my contract notes, statement of account, monthly news letter and all other correspondence related to above Trading Code on my given email ID.

X

(Sole/First Holder)
Authorised Signatory

X

(Second Holder)
Authorised Signatory

X

(Third Holder)
Authorised Signatory

I hereby provide my consent to Goldmine Stocks Pvt Ltd for the following.

- For validating my Aadhaar Number with UIDAI using OTP/Biometric/Demographic Information.
- For updating/linking my Aadhaar number based on PAN given in all accounts where I am a holder (Demat & Trading account) maintained with you and other due diligence purpose in line with PMLA requirements. I have no objection in authenticating with Aadhaar based authentication system through OTP/Biometric/Demographic information.
- I authorize Goldmine Stocks Pvt Ltd and/or its associates to download/share my Aadhaar & associated demographic information (including my updated information) obtained from UIDAI through authentication using OTP/Biometric/Demographic information on my behalf with other SEBI Registered Intermediaries like KRAs, Mutual Funds etc. And also with Central KYC Registry to facilitate single submission/update across all my accounts associated with such intermediaries based on PAN or other key information available with such intermediaries.

Goldmine Stocks Pvt Ltd

'Goldmine House', 4, Niranjana Nirakar Society, Nr. Shreyas Railway Crossing, Ahmedabad 380007 Phone : 26607287-88

Acknowledgement**Received Application for : (Please tick relevant box)**

- ☐ Add/Update Mobile Number ☐ Add/Update Email Number ☐ Add Aadhar Number ☐ Electronic Contract Facility
- ☐ Change / Add in Bank Details ☐ Change of Signature ☐ Account Re-activation ☐ Additional Demat Linking

Client Id : _____ Trading Code _____ Client Name : _____

Date: ____/____/_____
DD MM YYYY

Place _____ Signature _____
(Authorised Signatory) (Stamp of the DP)

FATCA/CRS Self Declaration Form (for Individuals)

(For DP & Trading)

(Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance)

To,

Goldmine Stocks Private Ltd

Goldmine House, Nr Shreyas Railway Crossing, Ahmedabad – 380007

	First Holder	Second Holder	Third Holder
Is your country for tax residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	First Holder	Second Holder	Third Holder
Name of Tax Residence country			
ISO 3166 Country code of Jurisdiction of Residence:			
Tax payer Identification Number or equivalent (If issued by jurisdiction)			
Place / City of Birth*			

Tax Payer Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may liable for it. I/We hereby authorize you to disclose, share ,rely, remit in any form, mode or manner, all /any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the exchanges/Depositories/Mutual Fund, its sponsor, Asset Management Company, trustees their employees/ RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but other investigation agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I authorise to share the given information to other SEBI Registered Intermediaries or any regulated intermediaries registered with SEBI/RBI/IRDA/PFRDA to facilitate single submission/update & for other relevant purpose. I also undertake to keep you informed in writing about changes /modification to the above information in future within 30 days of change and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators / tax authorities. I/We authorize you to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my/our account or close or suspend my/our account(s) without any obligation of advising me/us of the same. I /We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from professional Tax Advisor for any tax questions.

Further I/We would like to state that in future if there is any change in my/our tax status (i.e if I /We become tax resident of other country other than India) then the same will be informed to Goldmine Stocks Pvt Ltd (GSPL) and FATCA Declaration will be submitted to you immediately.

	First Holder	Second Holder	Third Holder
Signature	×	×	×
Name			
Date			
PAN Number			

Goldmine Stocks Pvt Ltd

'Goldmine House', 4, Niranjan Nirakar Society, Nr. Shreyas Railway Crossing, Ahmedabad 380007 Phone : 26607287-88