



SUNSHINE STOCK BROKING PVT. LTD.

Corporate Office : 303, The Summit Business Bay, Near Swan City Club, W-Exp.Highway,
Off. Hanuman Road, Vile Parle (E), Mumbai - 400 057.
Tel.: 022-2612 6850/51 Fax : 022-2612 6853

Requisition Form for Addition / Deletion / Modification of Account Details in Equity / DP

Date : _____ Equity DP All

I / We _____ request you to make the following Additions / Deletions / Modifications to my / our account in your records. Account details are as under

*DP Number

| | | | | | | | | | | | | | | | | | | | |
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| 1 | 2 | 0 | 6 | 2 | 8 | 0 | 0 | | | | | | | | | | | | |
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 *PAN of 1st Holder

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*Trading Account

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 *Date of Birth / Incorporation

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*Client Type **INDIVIDUAL / NON-INDIVIDUAL** Nationality Indian / Others _____

Please tick Request & Category, also you need to provide the applicable supporting documents.

| Request For | Category | Existing Details | New Details |
|--|---|------------------|-------------|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Address Details <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/> Email ID <input type="checkbox"/> Mobile Number <input type="checkbox"/> Bank Details | | |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Signature <input type="checkbox"/> Aadhar Submission <input type="checkbox"/> Other DP Details <input type="checkbox"/> _____ pls Specify <input type="checkbox"/> Annual Income | | |

Net Worth : _____ As On Date : _____

I/we wish to update the above changes in KRA / Demat / Bank Office account

Family Declaration : (APPLICABLE FOR INDIVIDUAL / HUF) : Please Fill up below declaration in case Email / mobile is already updated in sole / first holder account and wish to update same details for family members as per SEBI guidelines. I and my Family members hereby request that mobile number being _____ and Email ID being _____, belonging to sole / first account holder shall be considered in your records for the purpose of receiving communication from you or stock exchanges or depository with regard to details of trading / DP transactions executed through you. Thus, any Communication relating to our trading and demat account should be sent to the above mentioned mobile no. and E-mail ID. This facility shall be extended to us as an exception, for our convenience of receiving transaction Details at a single mobile number and E-mail ID. I understand that for the purpose of Availing the above facility "Family" means Self, Spouse, dependent children and Dependent parents.

| Sr. No. | Client Name | Client Code | Relationship with sole / First holder | Signature |
|---|-------------|-------------|---------------------------------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| Use Separate Sheet for more family members (If any) | | | | |

Declaration : (For not opting Communication on Email / Mobile) I/we do not wish to provide for sending and Communications / Correspondences. Email ID Mobile Number

| Client Name | Client Signature | Person Name Doing IPV | IPV Verification Please Affix Rubber Stamp and Sign |
|---------------------|------------------|-------------------------------------|---|
| Sole / First holder | | Designation / EMP Code | |
| Second Holder | | Date of IPV / Document Verification | |
| Third Holder | | Signature of the Person | |

Received Addition / Deletion / Modification Request for : Address Details Email ID Mobile/Landline No. Bank Details Signature Others

DP Account No.

| | | | | | | | | | | | | | | | | | | | | |
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| 1 | 2 | 0 | 6 | 2 | 8 | 0 | 0 | | | | | | | | | | | | | |
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Trading Account No.

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Receipt Date and Stamp