



BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-438-2019

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

Tel No. 022-22720000 Web: www.bcbbrokerage.com

Compliance Officer: Manish Mourya Email id – complianceofficer@bcbrokerage.com

Email ID for Investor grievance: investorgrievance@bcbrokerage.com



Additional KYC Form for Opening a Demat Account (For Non-individuals)

(Updated as per CDSL Operating Instructions as on December, 2024)

DP ID: 12010400

(To be filled by the Depository Participant)

Application No.		Date		DP Internal Reference No.	
DP ID	1 2 0 1 0 4 0 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 following details:-

Holders Details

Sole / First Holder's Name		PAN	
Search Name			
UCC		Exchange Name & ID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

*Exchange ID

Name*	
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* 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"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (Specify) _____	(To be filled by the DP)
SEBI Registration No. (If Applicable)	SEBI Registration date
RBI Registration No. (If Applicable)	RBI Approval date
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Specify)

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"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly
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 Physical)		<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	

I / We wish to receive dividend / interest directly in to my bank account 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
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN Code			

- (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.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000	<input type="checkbox"/> Rs.1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs.1,00,00,000
	Net worth as on (Date)	Rs.
<i>[Net worth should not be older than 1 year]</i>		
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP). <input type="checkbox"/> Provide details as per Annexure 2.2 A.		
Any other information		

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	Mobile No. +91											<input type="checkbox"/> Yes
	[(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).											<input type="checkbox"/> No
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.											<input type="checkbox"/> Yes
												<input type="checkbox"/> No

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

=====-(Please Tear Here)-=====

Acknowledgement Receipt

Application No.:		Date	
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We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)

Name:

Designation and Employee ID:

Place:

Date:



BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-CDSL-05-99

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Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP).

[For-non-individual]

(Updated as per CDSL Operating Instructions as on December, 2024)

Name of holder _____

PAN of the holder _____

Sr. No	Name of the Authorized signatories /Promoters/Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc)	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatories Date ____/____/____

PEP: Politically Exposed Person

RPEP: Related to politically Exposed Person