

(To be submitted in Duplicate)

C05



To,

SBICAP Securities Ltd.

12nd Floor, "A & B " Wing, Marathon Futurex,
N. M. Joshi Marg, Lower Parel (E), Mumbai- 400013.
Tel.: 022 - 42273300 / 01

Client Name _____

Contact No. _____

Submission Date:

D	D	M	M	Y	Y	Y	Y
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CDSL | NSDL

Re: Income Declaration Form

Dear Sir/Madam,

Please make necessary changes / add in my / our client account as per details given below. (Please tick appropriate option to make necessary changes)

CHANGE TO BE EFFECTED IN:	Trading Account <input type="checkbox"/>	Depository Account <input type="checkbox"/>	Trading + Depository Account <input type="checkbox"/>																																								
Trading Code.:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					BO ID:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Name of 1st Holder	_____																																										
Name of 2nd Holder	_____																																										
Name of 3rd Holder	_____																																										

DETAILS OF FIRST / SOLE HOLDER

Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (Specify) _____			
Source of Income (for student / housewife / Retired / other)	_____				
Financial Status Income Range per Annum	<input type="checkbox"/> Up to Rs.1 Lac	<input type="checkbox"/> Rs.1 Lac to Rs.5 Lac	<input type="checkbox"/> Rs.5 Lac to Rs.10 Lac		
	<input type="checkbox"/> Rs.10 Lac to Rs.25 Lac	<input type="checkbox"/> Rs.25 Lac to Above (Specify) _____			

DETAILS OF SECOND HOLDER

Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (Specify) _____			
Source of Income (for student / housewife / Retired / other)	_____				
Financial Status Income Range per Annum	<input type="checkbox"/> Up to Rs.1 Lac	<input type="checkbox"/> Rs.1 Lac to Rs.5 Lac	<input type="checkbox"/> Rs.5 Lac to Rs.10 Lac		
	<input type="checkbox"/> Rs.10 Lac to Rs.25 Lac	<input type="checkbox"/> Rs.25 Lac to Above (Specify) _____			

DETAILS OF THIRD HOLDER

Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (Specify) _____			
Source of Income (for student / housewife / Retired / other)	_____				
Financial Status Income Range per Annum	<input type="checkbox"/> Up to Rs.1 Lac	<input type="checkbox"/> Rs.1 Lac to Rs.5 Lac	<input type="checkbox"/> Rs.5 Lac to Rs.10 Lac		
	<input type="checkbox"/> Rs.10 Lac to Rs.25 Lac	<input type="checkbox"/> Rs.25 Lac to Above (Specify) _____			

I/We hereby confirm that the details furnished above are true and correct to the best of my/our knowledge and belief. In case of any changes I/We undertake to intimate you immediately in writing.

I/We further confirm that I/ we shall provide such necessary information at all times as may be required by SBICAP Securities Limited to furnish to any regulatory authority and I/We shall extend full co-operation in this regard.

Yours faithfully,

	First / Sole Holder	Second Holder	Third Holder
Signature			
Name			

Place: _____ Date: ___/___/200

- For any Assistance you may kindly contact your request SSL Branch or Call (022) 6854 5555 | Write to us helpdesk@sbicapsec.com
- Compliance Officer - Mr. Dharendra Rautela - Email: complaints@sbicapsec.com | Contact No.022-42273301