(To be submitted in Duplicate)

To,

SBICAP Securities Ltd.

Marathon Futurex, Unit No. 1201, 12th Floor,
B Wing, Mafatlal Mill Compound, N.M.Joshi Marg,
Lower Parel, Mumbai - 400013.

☐ CDSL | ☐ NSDL

C05

sbicap securities
A Tradition of Trust

Client Name _____

Contact No. _____

Submission Date: D D M M Y Y Y Y

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 ☐	Depository Account ☐	Trading + Depository Account ☐
Trading Code.:		BO ID:	

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

DETAILS OF FIRST / SOLE HOLDER	
Occupation	☐ Service ☐ Professional ☐ Business ☐ Retired ☐ Student ☐ Housewife ☐ Others (Specify) _____
Source of Income (for student / housewife / Retired / other)	
Financial Status Income Range per Annum	☐ Up to Rs.1 Lac ☐ Rs.1 Lac to Rs.5 Lac ☐ Rs.5 Lac to Rs.10 Lac ☐ Rs.10 Lac to Rs.25 Lac ☐ Rs.25 Lac to Above (Specify) _____

DETAILS OF SECOND HOLDER	
Occupation	☐ Service ☐ Professional ☐ Business ☐ Retired ☐ Student ☐ Housewife ☐ Others (Specify) _____
Source of Income (for student / housewife / Retired / other)	
Financial Status Income Range per Annum	☐ Up to Rs.1 Lac ☐ Rs.1 Lac to Rs.5 Lac ☐ Rs.5 Lac to Rs.10 Lac ☐ Rs.10 Lac to Rs.25 Lac ☐ Rs.25 Lac to Above (Specify) _____

DETAILS OF THIRD HOLDER	
Occupation	☐ Service ☐ Professional ☐ Business ☐ Retired ☐ Student ☐ Housewife ☐ Others (Specify) _____
Source of Income (for student / housewife / Retired / other)	
Financial Status Income Range per Annum	☐ Up to Rs.1 Lac ☐ Rs.1 Lac to Rs.5 Lac ☐ Rs.5 Lac to Rs.10 Lac ☐ Rs.10 Lac to Rs.25 Lac ☐ 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
- Email: complaints@sbicapsec.com I Contact No.022-42273301