

Trading Channel Conversion

PRE-CHECK

Following pre-check to be done before sending the requests for Trading Channel Conversion (Trading accounts) to enable us to process the requests expeditiously and to avoid possible rejections.

1. Needs to fill up Trading channel conversion for change in trading preference from online to offline trading platform.
2. Request you to mention the reasons for change request for converting from online to offline.
3. Note that the POA given to SBICAP Securities Ltd. for operating the Bank Account and Demat account stands unrevoked on conversion of the account.
4. SSL Branch name (is mandatory) in which you want to transfer is clearly mentioned in trading channel conversion.
5. Should unmark the lien on funds and securities created in favor of SBICAP Securities Ltd.
6. Existing bank details need to be correctly mentioned on form.

Name : _____
 Address : _____

 Contact No. : _____
 Date: : _____ 20

SBICAP Securities Ltd.
 12th Floor, "A & B " Wing, Marathon Futurex,
 N. M. Joshi Marg, Lower Parel (E), Mumbai- 400013.
 Tel.: 022 - 43487240 / 41

Re: Trading Account No. _____

Dear Sir/Madam,

Subject: CHANNEL CONVERSION

This is with reference to the above Securities Trading Account operated through your online trading platform with the following Bank and Demat details.

Bank Name		DP Name	
Branch Name		DP A/c No	
Bank A/c No			

I request you to convert my Trading Account

(a) Online to Offline (b) Offline to Online (✓ Tick whichever is applicable)

under your _____ Branch due to the following reason(s):

1. _____
2. _____
3. _____

Further, please note that the POA given to SBICAP Securities Ltd. for operating the Bank Account and Demat Account stands unrevoked on conversion of the account.

I request you to make the necessary changes at the earliest.

Yours faithfully,

 (Name & Signature of the Client)

Date : _____ Place : _____

- Note: (1) The client should unmark the lien on funds and securities created in favour of SBICAP Securities Ltd. before applying for closure of the Trading Account.
 (2) Please put a countersign against any modification / cancellation.

For BRANCH OFFICIAL USE ONLY

Details of the Interviewer _____ Remarks : _____
 Name : _____
 Designation : _____ Recommended : _____
 Signature : _____

For CORPORATE OFFICE ONLY

Details of the Verifier _____ **For KYC**
 Name : _____ Master Uploaded: ___ Yes ___ No
 Remark : _____ Name : _____
 Approved By : _____ Date : _____

- For any Assistance you may kindly contact your request SSL Branch or Dial Customer Care at our Toll Free: MTNL/BSNL Users: 1800-22-3345
- Private Telecom Users: 1800-209-9345 write to us helpdesk@sbicapsec.com
- Compliance Officer - Mrs. Dhanashree Kenkre - Email: complaints@sbicapsec.com Contact No.022-42273301