

Sr No.	000
Date	

DEMAT A/C NO									
CKYC No.									
NDML/CVLKRA									



B. LODHA SECURITIES LIMITED

REGISTERED OFFICE: B. L. House, 578, Mahaveer Nagar, Tonk Road, Jaipur – 18.

Tel.: 91 – 141 – 2550711 / 2550115 Fax: 91 – 141 – 2723708

CORPORATE OFFICE: 6 B, Raja Bahadur Compound, 32 Ambalal Doshi Marg, Fort, Mumbai – 400 001.

Tel.: 91 – 022 – 22671585 / 86 Fax: 91 – 022 – 22671587

E-mail: b_lodha_sec@rediffmail.com Web: www.blodhaonline.com

IG Email Id: blodhainvestors@rediffmail.com

DEPOSITORY PARTICIPANT - NSDL

DP ID: IN303606 SEBI REGN. NO.: IN – DP – NSDL – 525 - 2020

CLIENT NAME: _____

FORM-9
PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

B. LODHA SECURITIES LIMITED REGISTERED OFFICE: B. L. House, 578, Mahaveer Nagar, Tonk Road, Jaipur – 18. Tel.: 91 – 141 – 2550711 / 2550115 Fax: 91 – 141 – 2723708 CORPORATE OFFICE: 6 B, Raja Bahadur Compound, 32 Ambalal Doshi Marg, Fort, Mumbai – 400 001. Tel.: 91 – 022 – 22671585 / 86 Fax: 91 – 022 – 22671587 E-mail : b_lodha_sec@rediffmail.com Web : www.blodhaonline.com IG Email Id : blodhainvestors@rediffmail.com

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS												Photograph												
1	Name of the Applicant											Please affix your recent passport size photo <div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto; text-align: center; font-size: 8px;">Signature Across photograph</div>												
2	Father's / Husband's Name																							
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y											
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)			a) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National																		
5	a) PAN													b) Aadhaar Number, if any										
6	Specify the proof of identity submitted			<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)																				

B. ADDRESS DETAILS													
1	Residence / Correspondence Address	<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Residence Address						
		City/town/village				PIN Code							
		State				Country							
2	Specify the proof of address submitted for Residence / correspondence address												
3	Contact Details	Tel. (Off.)						Tel. (Res.)					
	Family Flag	Fax No.						Mobile No.					
	Mobile No : <input type="checkbox"/> Email ID : <input type="checkbox"/>	Email ID											
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)												
		City/town/village				PIN Code							
		State				Country							

X _____ X _____ X _____
 (Sole / First Holder) (Second Holder) (Third Holder)

C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant _____

Date

D

D

M

M

Y

Y

Y

Y

=====

FOR OFFICE USE ONLY

Sr. No.	Particulars											
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received											
2	In-Person-Verification (IPV) details:											
	a)	Name of the person doing IPV										
	b)	Designation										
	c)	Name of Organization										
	d)	Signature										
	e)	Date				D	D	M	M	Y	Y	Y
Name & Signature of the Authorised Signatory _____										Seal/Stamp of the intermediary		
Date				D	D	M	M	Y	Y			Y

X _____
(Sole / First Holder)X _____
(Second Holder)X _____
(Third Holder)

