



## DECLARATION FOR USING COMMON EMAIL ADDRESS & MOBILE NUMBER IN TRADING & DEMAT A/C (IN CASE OF INDIVIDUAL, HUF AND PARTNERSHIP FIRM)

\*Date : 

D	D	M	M	Y	Y	Y	Y
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**UCC:** \_\_\_\_\_ **BOID:** \_\_\_\_\_

**First/Sole Holder:** \_\_\_\_\_

**Second Holder:** \_\_\_\_\_

**Third Holder:** \_\_\_\_\_

I/we hereby declare the following Mobile Number/ Email Address belongs to:

<p><b>First/Sole Holder:</b></p> <p>Mobile Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p> <hr style="border-top: 1px dashed black;"/> <p>Email Address: _____</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p>										

<p><b>Second Holder:</b></p> <p>Mobile Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p> <hr style="border-top: 1px dashed black;"/> <p>Email Address: _____</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p>										

<p><b>Third Holder:</b></p> <p>Mobile Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p> <hr style="border-top: 1px dashed black;"/> <p>Email Address: _____</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Parent    <input type="checkbox"/> Child    <input type="checkbox"/> Authorised Person (only for HUF and Partnership firm)         </p>										

In case of Authorised person selected in the above-mentioned table, please provide the details below:

Authorised Person Name : \_\_\_\_\_

Authorised Person PAN: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature of  
First holder/Authorised Signatory

Signature of  
Second holder/Authorised Signatory

Signature of  
Third holder/Authorised Signatory

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**IMPORTANT INSTRUCTIONS ON FILING DECLARATION  
FORM FOR USE OF COMMON EMAIL ADDRESS AND MOBILE NUMBER**

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1. All new and existing clients must have a valid email address and mobile number. NJ India Invest Private Limited reserves the right to suspend the account for lack of valid KYC information in the event of repeated bounce observations.
2. As per the regulatory guidelines, the stock broker/ depository participant may upload the same mobile number/E-mail address for more than one client provided such client belongs to one family (in case of individual clients) or such client is the authorised person (in case of Non-individual clients). Family / Authorised person for this purpose shall include:
  - a. In case of Individuals - Self, Spouse, Child and Parent.
  - b. In case of HUF - Karta or any of the Co-parceners as per prior approval of Karta.
  - c. In case of Partnership firm - Any of the partners as per prior approval of all / authorised partners.
  - d. In case of a Trust/Society/AOP/BOI - Any of the trustees/beneficiaries/authorised person as per resolution passed by such Entity.
  - e. In case of Corporates/LLP - The Authorized person operating the trading account as per the Resolution passed by such Corporate/LLP.
3. This form shall not be applicable for Corporates, LLP, Trust, Society, AOP/BOI. Such entities are required to provide resolution for the approval taken as mentioned in point 2(d) and 2(e) above.