

Date : _____

To,
 The KYC Department
 KIFS Trade Capital Pvt. Ltd. (A Member of NSE, BSE, MSEI, DP of NSDL)
 H.O. : B/81, Pariseema Complex, C.G. Road, Ellisbridge, Ahmedabad- 380006.

Dear Sir,
Sub : Declaration about E-mail ID and Mobile No.
Ref : My Existing / New Client Code _____

As per the requirements of SEBI and Exchange(s) w.r.t. the captioned declaration, I/We do hereby declare as under. Accordingly, you can register the same to Exchange(s) or register null details on UCC/UCI platforms as per . I / We also understand that the objective of such declaration is to reduce the no. of investor complaints relating to unauthorized trading and to safeguard my/our own interest as well as that of yours being a member of the Exchange(s). I / We also declare that the said declaration shall be valid and shall apply unless and until I/We communicate in writing about any changes therein to you at your aforesaid address.

PLEASE SELECT AND SIGN ONLY AGAINST OPTION 1 OR 2.

<p>Option : 1 – Applicable for clients who have not provided Mobile No. / Email Id at the time of KYC registration but have traded or wish to trade in FY 2014-15 and onwards or who wish to update about such details:</p>																																									
<p>E-mail ID:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>*the aforesaid email id belongs To : Me <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> (*Please Tick ONLY 1 Whichever Applicable)</p> <p>*Client’s Signature: _____</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Mobile No.:</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>*the aforesaid Mobile No. belongs To : Me <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> (*Please Tick ONLY 1 Whichever Applicable)</p> <p>*Client’s Signature: _____</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>OR</p>																																									
<p>Option : 2 – Applicable to only those clients who DO NOT HAVE mobile no. / email ID OR who do not wish to provide the same: <input type="checkbox"/></p>																																									
<p>I/We do not have mobile no. / E-mail ID. OR I/We do not wish to register my/our mobile no. / e-mail Id. Accordingly, I /We put herein my /our signature as a token of acceptance of above.</p>	<p>*Client’s Signature: _____</p>																																								

*** in case of non-individual, signature with rubber stamp**