

Declaration to upload the Mobile Number and Email Id of the Family Member

Note: It is mandatory to fill the form in blue ink only.

Date: _____

To,
5/6th floor, IDBI Tower,
Cuffe Parade,
Mumbai 400 005

Dear Sir / Madam,

I/We the below mentioned Client have opened/wish to open a trading/demat account with IDBI Capital Markets & Securities Ltd.

I/We hereby request you to take on record the Email ID _____ / Mobile number _____ for receiving communication pursuant to the trading / demat account operation for our trading/demat accounts maintained with IDBI Capital Markets & Securities Ltd .

I/We shall agree that all the communications sent on this Email ID and Mobile Number shall be binding on me/us.

Sr. No.	Name	Relation	Signature
1	Name: _____ Client Code: _____ Demat (Client ID): _____ <i>(with IDBI Capital only)</i>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
2	Name: _____ Client Code: _____ Demat (Client ID): _____ <i>(with IDBI Capital only)</i>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
3	Name: _____ Client Code: _____ Demat (Client ID): _____ <i>(with IDBI Capital only)</i>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
4	Name: _____ Client Code: _____ Demat (Client ID): _____ <i>(with IDBI Capital only)</i>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
5	Name: _____ Client Code: _____ Demat (Client ID): _____ <i>(with IDBI Capital only)</i>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	

