



Smart Investing ...made easy

## Shah Investor's Home Ltd.

Reg Office: "SIHL House", Opp. Ambawadi Jain Temple,  
Nehrunagar Cross Roads, Ahmedabad-380 015.  
Email : helpdesk@sihl.in Phone : 079 - 4107 2222

### DETAILS OF ACCOUNT HOLDER(S)

<b>NSDL DPID</b>	<b>IN300343</b>		<b>CDSL DPID</b>	<b>12029300</b>		<i>Please Tick on DPID</i>
<i>Unique ID</i>		<i>Client ID</i>				<i>Trading Code</i>
<i>Name (s) of holders (s)</i>						
<i>Sole / First Holder</i>						
<i>Second Holder</i>						
<i>Third Holder</i>						

I / We authorize Shah Investor's Home Ltd. to use this mandate for aforementioned account.

I / We confirm my / our contact Details:

### Common Form: AADHAR, Mobile, E-mail Update : BSDA Opt-Out

Holder	AADHAR No	Mobile No	Email ID	Email ID / Mobile No. Belong to	
<i>First</i>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family
<b>Change</b>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family
<i>Second</i>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family
<b>Change</b>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family
<i>Third</i>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family
<b>Change</b>				<input type="checkbox"/> Me	<input type="checkbox"/> My Family

I/We have been informed by you that our beneficiary account is/may be eligible for BSDA conversion as per rules, regulations and provision of SEBI. However after being informed of the charge structure and various other considerations I/We have to request you that I/We do not want to opt for BSDA conversion/selection for our beneficiary demat account with you. I/We have been made aware of **requirement of Rs. 500/- (Rupees Five Hundred only) refundable deposit to convert account to BSDA** and I/We have decided to inform you in writing whenever I/We would want to convert/opt my/our account to BSDA.

Please add any additional demat accounts you hold in this Unique ID below update information together



\_\_\_\_\_  
Sole/First Holder's Signature



\_\_\_\_\_  
Second Holder's Signature



\_\_\_\_\_  
Third Holder's Signature

**NOTE:** (1) Provide copy of AADHAR with self attested. (2) If any correction in form signature is compulsory.

### ACKNOWLEDGEMENT

Your request for Client Id \_\_\_\_\_ is received on Date \_\_\_\_/\_\_\_\_/\_\_\_\_ and will be entered in our records.

H.O. / Name of Branch / Sub-broker / Franchisee \_\_\_\_\_

Received By: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Reg Office: "SIHL House", Opp. Ambawadi Jain Temple, Nehrunagar Cross Roads, Ahmedabad-380 015.  
Email : helpdesk@sihl.in Phone : 079 - 4107 2222