



From :

CLIENT NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To,  
BP Equities Pvt. Ltd.  
24/26, Cama Building, Dalal Street,  
Fort, Mumbai - 400 001.  
Dear Sir,

I hereby request you to open our trading account with you, for our HUF. Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of Application, i.e. \_\_\_\_\_

SR. NO.	NAME OF FAMILY MEMBERS	GENDER	RELATION	DATE OF BIRTH	SIGNATURE

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this Application to open new Securities Account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,

Yours truly,

(21) 

\_\_\_\_\_  
(Signature, Name & Stamp of the Client)

- These documents are voluntary as per the requirements of SEBI. But the same are to be executed if you want to avail the services of BP EQUITIES PVT. LTD.
- The client has a right to terminate this document and BP EQUITIES PVT. LTD. express a right to disallow the client from trading on sace Terminate.  
The above signatures to be attested by the person signing the resolution for account opening on behalf of the Company

## Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know our client (KYC) Application Form for Non-Individuals

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



B P WEALTH

Name \_\_\_\_\_ Signature of the Authorised Signatory(ies)

Date | d | d | / | m | m | / | y | y | y | y |

**PEP:** Politically Exposed Person     **RPEP:** Related to Politically Exposed Person