

CHECKLIST OF PARTNERSHIP FIRM FOR DEMAT/TRADING ACCOUNT

- 1. Kyc Form In Name Of Partnership Firm With All Partners Sign And Stamp Of Firm
- 2.Pan Card Of Partnership Firm
- 3. Address Proof Of Partnership Firm (Latest 3 Months Bank Statements/3 Months Latest Electricity Bill /3 Months Latest Telphone Bill)
- 4.Partnership Deed (If Xerox copy given the each & every pages Should be signed)
- 5.Orginal Cancelled Cheque Of Partnership Firm
- 6. Cheque Of Amount 750/- Of Partnership Firm In Favour Of RIKHAV SECURITIES LTD
- 7.All Partners Kyc Form
- 8.All Partners Pan Card Copy
- 9.All Partners Address Proof Copy
- 10. Last 2 Years Balance Sheet Copy & Profit & Loss Copy
- 11.Certificate Of Registration (Only For Registered Partnership Firm)
- 12. List Of Partners Along With Signature Of Partners (On Letter Head Of Partnership Firm)
- 13.Undertaking /Resolution Form Partners-To Authorise The Partners For Opearting The Account.(On Letter Head Of Partnership Firm)
- 14.Declaration Of Partnership Firm
- 15. photography Of All Partners
- 16.All Documents Attested With All Partners Sign And Stamp Of Firm

Please Note:

Demat Account Cannot Be Opened In The Name Of Partnership Firm. It Has To Be Opened In The Name Of Partners)

All partners sign without stamp required on Page no 6 to 16 and pages 34 to 35 (demat pages)

On others pages stamp & sign required (Trading pages)

Mobile & email id being mentioned should be self or dependent family members only



Data to be input in account opening form & kyo

| Data to be input in account opening form & kyc | |
|--|--|
| FIRM NAME | |
| FIRM ADDRESS | |
| DATE OF INCORPORATION | |
| MOBILE NO | |
| EMAIL ID | |
| INCOME DETAILS | |
| NETWORTH | |
| FIRM BANK NAME & ADDRESS | |
| FIRM BANK ACCOUNT NO | |
| FIRM ACCOUNT TYPE | |
| FIRM MICR CODE | |
| FIRM IFSC CODE | |
| BRANCH NAME | |
| INTRODUCER NAME & ADDRESS | |
| BROKERAGE DETAILS | |
| WITNESSES NAME & SIGN PAGE NO 35 | |
| (POA PAGE) | |
| PARTNERS DETAIL | |
| 1 ST PARTNER NAME | |
| PARTNER ADDRESS | |
| PARTNER MOTHER NAME | |
| MOBILE NO | |
| EMAIL ID | |
| 2 ND PARTNER NAME | |
| PARTNER ADDRESS | |
| PARTNER MOTHER NAME | |
| MOBILE NO | |
| EMAIL ID | |
| 3 RD PARTNER NAME | |
| PARTNER ADDRESS | |
| PARTNER MOTHER NAME | |
| MOBILE NO | |
| EMAIL ID | |
| IPV NAME & DESIGNATION | |