Declaration for Use of Same / Common Email ID and Mobile Number
(For Individual & Non-Individual Clients – SEBI & Exchange Compliance)

Client Name / Entity Name: _____

Client Code: _____   **PAN:** _____

Client Type (✔ Tick)
☐ Individual   ☐ Non-Individual (Company / Firm / LLP / Trust / HUF / Others)

EMAIL ID DETAILS
Email ID: _____
Relationship / Authorization (Email) *(✔Tick one)*
☐ Self ☐ Spouse ☐ Son/Daughter ☐ Father/Mother ☐ Authorized Signatory
☐ Director/Partner ☐ Employee/Office ☐ Other: _____

MOBILE NUMBER DETAILS
Mobile Number: _____
Relationship / Authorization (Mobile) *(✔Tick one)*
☐ Self ☐ Spouse ☐ Son/Daughter ☐ Father/Mother ☐ Authorized Signatory
☐ Director/Partner ☐ Employee/Office ☐ Other: _____

Declaration
I / We hereby declare that the above-mentioned **Email ID and/or Mobile Number** are being used with **full knowledge, consent, and authorization** of the client/entity.
I / We confirm that:
- The stated contact details are **accessible and monitored** by the client or duly authorized person.
- All communications including **OTPs, alerts, contract notes, statements, notices, and regulatory intimations** sent to these details shall be **deemed to have been received** by the client/entity.
- I / We understand the risks involved in using common contact details and **accept full responsibility** for any communication received or action taken.
- This declaration is furnished voluntarily in compliance with guidelines issued by **SEBI**, stock exchanges, and depositories.

Important Note (For Compliance Purpose)
This declaration is **required to be signed only by the Client / Account Holder** in case of an Individual, and by the **Authorized Signatory** in case of a Non-Individual entity.
The **person whose Email ID or Mobile Number is being used is not required to sign**, as responsibility for usage of common contact details rests solely with the client/entity.

Authorization & Confirmation
Name of Client / Authorized Person: _____
Designation (for Non-Individual): _____

Signature: _____   **Date:** _____
Place: _____

Entity Stamp (if applicable): _____