Voluntary

	Client Name :
	Client Code :
Date	·
To,	
Susi	nil Financial Services Private Limited
Rego	d. Office: 12, Homji Street, Fort, Mumbai - 400 001.
Dear	Sir/Madam,
Sub: Authorisation for receipt of contract notes, bills, statement of funds / DP statement and securities etc. in digitally signed electronic form.	
1/We understand that, I/we have the option to receive the contract notes, bills, statement of funds and securities etc. in any form (Physical or Electronic). I/We agree to receive contract notes, bills, statement of funds and securities etc. in electronic form for all trades /transactions executed through you at the email id(s) registered with you, as per the below mentioned terms and conditions:	
E-mail ID	
1.	My/our non-verification or non-accessing of my/our email on regular basis shall not be a reason for dispute at any time.
2.	I/We confirm that contract notes, bills, statement of funds and securities etc. sent by you from time to time to my/our email ids shall be deemed to have been delivered to me and it shall be presumed that the same is in order.
3.	Non-receipt of bounced mail notification by you shall amount to delivery at the e-mail Id(s) registered with you.
4.	In case of any failure in system at your end, contract notes, bills, statement of funds and securities etc. will be issued in physical form and sent to my/our correspondence address, which shall be binding on me/us.
5.	I/We hereby confirm that any change in e-mail id will be communicated through duly signed physical letter to you. However, if I/we am/are an internet client then in that event the request for change in email id(s) can be made by me/ us through a secured access using client specific user id and password.
	shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and ing out my/our directions as given above.
Than	king you, Yours faithfully,
F24 <	
	(Client Signature)
Place	
Note:	ECN should be signed by the client only and not by any authorised person on his behalf or any holder of the

power of attorney.