

Client Registration Kit - Individual and Non-Individual

Application No. _____

Share India



Share India

You generate, we multiply

Trading in Equity, F&O, Currency Derivatives and Commodity Derivatives - NSE / BSE / MCX / NCDEX / MSEI
Depository Services - CDSL



Dear Customer,

Welcome to Share India Group!

We look forward to your becoming our client and to the pleasure of serving you. To start with, we request you to kindly fill up the relevant details and submit the required documents.

We have designed the form for ease of completion with simple instructions at relevant places to guide you along.

Should you face any difficulty in understanding the requirements, please do not hesitate to contact our staff who will be ever willing to assist/guide you.

It shall be our endeavor as always, to provide you truly satisfying services.

Regards,

Team Share India

INDEX OF DOCUMENTS

A - MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

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STANDARD DOCUMENTS FOR DP, EQUITIES, DERIVATIVES & MARGIN TRADING FACILITY

11.	Policies and Procedures	Documents describing significant policies and procedures of SISL related to Trading Account of the client.
12.	Rights & Obligations of Stock Brokers, Sub-Brokers & Clients	Documents stating the Rights & Obligations of Stock broker / trading member, sub-broker and client for trading on exchanges (including rights & obligations in case of Internet / wireless technology based trading)
13.	Rights & Obligations of Beneficial Owner and Depository Participant	Rights and Obligations of Beneficial owner and Depository Participant as prescribed by SEBI and Depositories.
14.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.
15.	Guidance Note	Documents detailing do's and don'ts for trading on exchange, for the education of the investors.
16.	Investor Charter	Investor Charter of Stock Broker and Depository Participant.
17.	Risk Disclosure of FO	Risk Disclosure on Derivatives
18.	Rights and Obligations - MTF	Rights & Obligations of Stock Broker & Clients for Margin Trading Facility (MTF)
19.	Policy for Voluntary Freezing or Blocking the online access of Trading Account	Policy for Voluntary Freezing or Blocking the online access of Trading Account
20.	Terms and Conditions for Receiving SMS Alerts from CDSL	Terms and Conditions for Receiving SMS Alerts from CDSL
STANDARD DOCUMENTS FOR COMMODITIES		
21.	Uniform Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the commodities market.
22.	Rights & Obligations of Member, Authorised Persons & Clients	Document stating the Rights & Obligations of member / Authorised Person and client for trading on exchanges.
23.	Risk Disclosure Documents for options	Document pertaining risk associated with dealing in the options.
24.	Do's and Don'ts for the investores	Document detailing do's and don'ts for trading on exchange, for the education of the investores.

Provided as a separate copy to client
Also available on company website

B - VOLUNTARY DOCUMENTS AS PROVIDED BY SEBI AND EXCHANGES

S.No.	Name of the Document	Brief Significance of the Document	Page No.
25.	Running Account Authorization	Authorization to maintain your trading account on running account basis.	33
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CONTACT DETAILS FOR HANDLING INVESTOR'S GRIEVANCES

In case of any dispute / complaint, clients may communicate with the below-mentioned official of Share India Securities Limited:

Contact Person	Designation	Contact No.	E-mail Id
Mr. Vikas Aggarwal	Company Secretary	(0120) 4910000	investors@shareindia.com

Details of Investor's Grievances Cell of the Stock Exchange/s :

(to be contacted if Share India's response to grievance/dispute is not satisfactory)

Name of Stock Exchange	Contact No.	E-mail Id
BSE	(022) 22728097	is@bseindia.com
NSE	(022) 26598190	ignse@nse.co.in
MSEI	(022) 61129069	investorcomplaints@msei.in
MCX	(022) 66494070	grievance@mcxindia.com
NCDEX	(022) 66406789	ig@ncdex.com

NOTES:

- Kindly note that information provided in the Client Registration Kit shall not be disclosed to any person/entity except in accordance with law
- Kindly also note that Share India Securities Limited also does Proprietary (Own A/c) trading in addition to Clients' trading.
- In terms of Exchange Circulars NSE/COMP/50610 and BSE/20211215-63 dated December 15, 2021, we wish to inform you that the Business Continuity Plan / Disaster Recovery setup guidelines are presently not applicable to us.

**Share India Securities Limited**

CIN : L67120GJ1994PLC115132

Corp. Office : A-15, Sector-64, Noida, Distt. Gautam Buddha Nagar,

Uttar Pradesh-201301, Ph.: 0120-4910000 (96 Lines) • Fax : 0120-4910030

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative

Society Limited, Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Ph.: 0120-4910000 (96 Lines) • Fax : 0120-4910030

E-mail ID : investors@shareindia.com • Website : www.shareindia.com

Exchange	Membership No.	SEBI Registration No.	Registration Date
National Stock Exchange of India Ltd.	10798	INZ000178336	08-05-2018
BSE Limited	226		
Multi Commodity Exchange of India Ltd	56190		
National Commodity & Derivatives Exchange Ltd.	1256		
Metropolitan Stock Exchange of India Ltd.	51200		

Compliance Officer's Name, Phone No. & Email Id:

VIKAS AGGARWAL

Phone : 0120-4910000

E-mail Id : vikas_cs@shareindia.com

CEO's Name, Phone No. & Email Id:

SACHIN GUPTA

Phone : 0120-4910000

E-mail Id : sachin@shareindia.com

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

☐ Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business
☐ X- Not Categorised

PHOTO

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date DD - MM - YYYY

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify
☐ Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number Passport Expiry Date
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

Know Your Client (KYC) Application Form (For Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



CDSL VENTURES LIMITED

....Exploring New Horizons



Application Number: _____

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline KYC ☐ Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Single ☐ Married

Nationality* ☐ Indian ☐ Other _____

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

Please Tick (✓) ☐ Foreign National ☐ Person of Indian Origin +

Recent passport size
Applicant Photo

Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A— Aadhaar Card XXXX XXXX _ _ _ _

☐ B— Passport Number _____ (Expiry Date) _____

☐ C— Voter ID Card _____ (Expiry Date) _____

☐ D—Driving License _____

☐ E—NREGA Job Card _____

☐ F— NPR _____

☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)					
Line 1* _____ Line 2 _____ Line3 _____					
City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____					
Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A— Aadhaar Card XXXX XXXX _ _ _ _ <input type="checkbox"/> B— Passport Number _____ <input type="checkbox"/> C— Voter ID Card _____ <input type="checkbox"/> D—Driving License _____ <input type="checkbox"/> E—NREGA Job Card _____ <input type="checkbox"/> F— NPR Letter _____ <input type="checkbox"/> Z— _____ </div> <div style="text-align: right;"> (Expiry Date) _____ (Expiry Date) _____ (any document notified by Central Government) </div> </div> <div style="margin-top: 5px;"> Identification Number _____ </div>					
3. Contact Details (in CAPITAL)					
Email ID* _____ Mobile No. * _____ Tel (Off) _____ Tel (Res) _____					
4. Applicant Declaration					
<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Applicant e-SIGN</th> <th style="width: 50%; padding: 5px;">Applicant Wet Signature</th> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px; text-align: center; vertical-align: middle;"> </td> </tr> </table>	Applicant e-SIGN	Applicant Wet Signature		
Applicant e-SIGN	Applicant Wet Signature				
5. For Office Use Only					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">In-Person Verification (IPV) carried out by*</th> </tr> <tr> <td style="padding: 5px;"> IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____ </td> </tr> </table>	In-Person Verification (IPV) carried out by*	IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Intermediary Details*</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </td> </tr> </table>	Intermediary Details*	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
In-Person Verification (IPV) carried out by*					
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____					
Intermediary Details*					
<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Employee Signature and Stamp	Institution Name and Stamp				

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

☐ **1. ENTITY DETAILS*** (Please refer instruction **A** at the end)☐ Name*

Entity Constitution Type*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

TIN or Equivalent Issuing Country

PAN*

☐ Form 60 furnished

TIN / GST Registration Number

☐ **2. PROOF OF IDENTITY (Pol)*** (Please refer instruction **B** at the end)☐ Officially void document(s) in respect of person authorised to transact☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn. Certificate No.

☐ Memorandum and Articles of Association☐ Partnership Deed☐ Trust Deed☐ Resolution of Board / Managing Committee☐ Power or attorney granted to its manager, officers or employees to transact on its behalf☐ Activity Proof - 1 (For Sole Proprietorship Only)☐ Activity Proof - 2 (For Sole Proprietorship Only)☐ **3. ADDRESS*** (Please refer instruction **C** at the end)

3.2 Local Address in India (If different from Above)*

Proof of Address*

☐ Certificate of Incorporation / Formation☐ Registration Certificate☐ Other Document

Line 1*

Line 2

Line 3

District

Pin / Post Code*

State / U.T. Code*

ISO 3166 Country Code*

3.1 Registered Office Address / Place of Business*

Line 1*

Line 2

Line 3

District

Pin / Post Code*

State / U.T. Code*

ISO 3166 Country Code*

☐ **4. CONTACT DETAILS** (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction **D** at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

☐ **5. NUMBER OF RELATED PERSONS**

(Please refer instruction **E** at the end)

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature / Thumb Impression of Authorised Person(s)

[illegible]

Documents Received ☐ Certified Copy ☐ Equivalent e-document

Identity Verification	<input type="checkbox"/> Done	Date	<input type="text" value="DD"/>	<input type="text" value="DD"/>	-	<input type="text" value="MM"/>	<input type="text" value="MM"/>	-	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="text" value="YY"/>	<input type="text" value="YY"/>
Emp. Name	<input type="text"/>											
Emp. Code	<input type="text"/>											
Emp. Designation	<input type="text"/>											
Emp. Branch	<input type="text"/>											

Name

Code

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update ☐ Delete

KYC Number (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

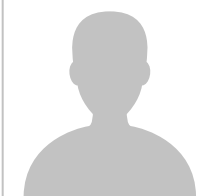
Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code)

PAN* Form 60 furnished ☐

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar

PHOTO*



Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

- ☐ Same as above mentioned address (in such cases address details as below need not be provided)
- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar
- IV ☐ Deemed PoA
- V ☐ Self Declaration

Address

Line 1*																											
Line 2																											
Line 3																											
District*							Pin / Post Code*					State / U.T. Code*			City / Town / Village*							ISO 3166 Country Code*					

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction D at the end)

Tel. (Off)			—					Tel. (Res)			—					Mobile			—				
FAX			—					Email ID															

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : DD — MM — YYYY

Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date DD — MM — YYYY
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* ☐ New ☐ Update ☐ Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

☐ 1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
 KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory
Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)
 DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

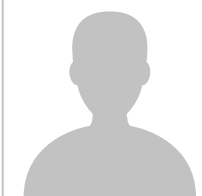
☐ 1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name
 Mother Name
 Date of Birth* DD - MM - YY YY YY YY
 Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
 Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code)
 PAN* Form 60 furnished

☐ 1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar

PHOTO*



Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

- ☐ Same as above mentioned address (in such cases address details as below need not be provided)
- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar
- IV ☐ Deemed PoA
- V ☐ Self Declaration

Address

Line 1*																												
Line 2																												
Line 3																												
District*									Pin / Post Code*					State / U.T. Code*			City / Town / Village*									ISO 3166 Country Code*		

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction D at the end)

Tel. (Off)			—					Tel. (Res)			—					Mobile			—							
FAX			—					Email ID																		

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : DD — MM — YYYY

Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date DD — MM — YYYY
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

Know Your Client (KYC)**Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



CDSL VENTURES LIMITED
...Exploring New Horizons



Application Number :

Application Type*: ☐ New KYC ☐ Modification KYC**1. Entity Details** (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type*

Please Tick (✓)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Private Ltd. Co. | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust/Charity/NGO | <input type="checkbox"/> HUF | <input type="checkbox"/> FPI Category I | <input type="checkbox"/> FPI Category II |
| <input type="checkbox"/> AOP | <input type="checkbox"/> Bank | <input type="checkbox"/> Government Body | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Body of Individuals | | <input type="checkbox"/> Society | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Non-Government Organization | | | |
| <input type="checkbox"/> Others _____ | | | |

2. Proof of Identity* (please refer the guidelines)

- ☐ Officially Valid Document(s) in respect of person authorized to transact
- ☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____
- ☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf
- ☐ Activity Proof -1* (For Sole Proprietorship Only) ☐ Activity Proof -2* (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—#Not more than 3 months old)		
<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill# (Landline only)	<input type="checkbox"/> Latest Electricity Bill#	<input type="checkbox"/> Latest Bank Account Statement#
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) ____ ____ ____ ____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		
4. Contact Details		
Email ID _____	Mobile No. _____	
Email ID _____	Mobile No. _____	
Tel (Off) _____	Fax _____	
5. Annexures Submitted		
Number of Related Persons - <input style="width: 50px;" type="text"/>		
6. Remarks / Additional Information		
7. Applicant Declaration		
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. DATE: _____ (DD-MM-YYYY) PLACE: _____	Applicant Digital Signature (DSC)	Applicant Wet Signature
8. For Office Use Only		
KYC carried out by*	Intermediary Details*	
KYC Date ____ ____ ____ ____ ____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____	
Employee Signature and Stamp	Employee Signature and Stamp	

Know Your Client (KYC)
Annexure (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only
if processing CKYC also



CDSL VENTURES LIMITED
....Exploring New Horizons



Application Number :

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Related Person Type*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor

☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder

☐ Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _____

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) _____

☐ E — NREGA Job Card _____

☐ F — NPR _____

☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-Sign

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _ _ _ _ _☐ B — Passport Number _____ (Expiry Date) _ _ _ _ _☐ C — Voter ID Card _____☐ D —Driving License _____ (Expiry Date) _ _ _ _ _☐ E —NREGA Job Card _____☐ F — NPR Letter _____☐ Z —Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature

8 **5. For Office Use Only****KYC carried out by***

KYC Date _ _ _ _ _

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Intermediary Details*☐ Self certified document copies received (Originals Verified)☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

Know Your Client (KYC)
Annexure (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



CDSL VENTURES LIMITED
....Exploring New Horizons



Application Number :

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Related Person Type*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor

☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder

☐ Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _____

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D —Driving License _____ (Expiry Date) _____

☐ E —NREGA Job Card _____

☐ F — NPR _____

☐ Z —Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/Local Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-Sign

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _ _ _ _ _☐ B — Passport Number _____ (Expiry Date) _ _ _ _ _☐ C — Voter ID Card _____☐ D —Driving License _____ (Expiry Date) _ _ _ _ _☐ E —NREGA Job Card _____☐ F — NPR Letter _____☐ Z —Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res.) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-Sign

Applicant Wet Signature

9 **5. For Office Use Only****KYC carried out by***

KYC Date _ _ _ _ _

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Intermediary Details*☐ Self certified document copies received (Originals Verified)☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

TRADING & DEMAT ACCOUNT RELATED ADDITIONAL DETAILS

BANK ACCOUNT DETAILS

(Through which transaction will be generally be routed)

Primary Bank Details (for DP and Trading) :

Bank Name :

Account No. : Branch :

Address :

11 Digit RTGS / NEFT / IFS Code : 0 9 Digit MICR Code :

Virtual Payment Address (VPA)

Account Type : ☐ Savings ☐ Current ☐ Others : (Please Specify)

- ☐ Bank/MICR/IFSC proof submitted : ☐ Cancelled Cheque (with **Client Name** & A/c No. **Pre-printed**)
- ☐ Bank Passbook* (If hand written, then with stamp of Bank) ☐ Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)
- ☐ Bank Statement* (Either on Bank Stationery or with rubber stamp & sign of Bank Manager) *Documents should not be more than 2 months old

Secondary Bank Details (for Trading, if any) :

Bank Name :

Account No. : Branch :

Address :

11 Digit RTGS / NEFT / IFS Code : 0 9 Digit MICR Code :

Virtual Payment Address (VPA)

Account Type : ☐ Savings ☐ Current ☐ Others : (Please Specify)

☐ In case of multiple banks, please provide proof of all banks.

OTHER DETAILS

2nd Holder	Mobile		E-Mail id		Income	
3rd Holder	Mobile		E-Mail id		Income	

IF Mobile No./Email Id Proposed to be used by the client belongs to a different person, the please provide these additional details

Name of the user of Mobile No.	Relation with Mobile No. user :
<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent
Name of the user of E-mail Id :	Relation with Email Id user :
<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent

TRADING PREFERENCE

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you

Exchanges	NSE, BSE & MSEI				MCX, NCDEX BSE & NSE
All Segments	Cash/ Mutual Fund	Future & Options (F&O)	Currency	Debt	Commodity Derivatives
10a	10b	10c	10d	10e	10f

If you do not wish to trade in any of segments/Mutual Fund, please mention here _____

* ☐ If you wish to trade in derivatives (F&O/Currency/Commodity) segments, submit income proof (Mandatory)

DEPOSITORY ACCOUNTS(S) DETAILS

(Through which transactions shall generally be routed)

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

FACILITIES
SMS and E-mail alerts from stock exchanges : ☐ SMS Alert ☐ E-mail Alert ☐ Both ☐ None

+ Please mention Mobile & E-mail ID in KYC Form

Whether you wish to receive Contract Note :☐ Electronic ☐ Physical**Whether you wish to receive Standard documents*:**☐ Electronic ☐ Physical

*Standard Documents-Rights & Obligations, Risk Disclosure Document, Guidance Note and Policies & Procedures

+ Please mention E-mail ID in KYC Form

I/We wish to avail facility of internet trading / wireless technology : ☐ Yes ☐ No
TRADING HISTORY**Trading Experience / Number of Years of Investment**
☐ ____ Years in Equities ☐ ____ Years in Derivatives ☐ ____ Years in other Investment related fields ☐ No Prior Experience

Stock Profile : ☐ Nil ☐ < 5 Lac ☐ Rs. 5 - 25 Lac ☐ Rs. 25 - 50 Lac ☐ Rs. 50 Lac - 1 Crore ☐ Above 1 Crore
If you are dealing with any other stock broker, please provide following details

Name of the stock broker

Name of AP (if any)

Client Code (UCC)

Exchange

☐ NSE☐ BSE☐ MCX☐ NCDEX

Details of disputes / dues pending from / to such stock broker / AP

+ In case dealing with multiple stock brokers, please provide details of all

(Please Specify)

Past Actions
Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partners / promoters / whole time directors / authorised persons in charge of dealing in securities & commodities last 3 years.

(Please Specify)

INCOME, EDUCATION & OTHER DETAILS
Gross Annual Income Detail ☐ Below 1 Lac ☐ 1 - 5 Lac ☐ 5 - 10 Lac ☐ 10 - 25 Lac ☐ 25 Lac - 1 Crore ☐ > 1 Crore

Net Worth (*Net worth should not be older than 1 year) **as on (Date)** ____/____/____ **(Mandatory for Non-Individual client)**
Occupation : ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Educational Details : ☐ High School ☐ Graduate ☐ Post-Graduate ☐ Doctorate ☐ Professional Degree
☐ Under High School ☐ Illiterate ☐ Others (Please specify)

Client Category for Commodities Derivatives
☐ Non-commercial participant (financial participant / trader / arbitrage)☐ Commercial participant (value chain participant / exporters / importers / hedger)☐ Farmers / FPOs☐ Value Chain Participants (VCPs)☐ Others (Please specify)

(Please select anyone. If not selected, default option will be 'Other'. In case of any change in category, inform us immediately in writing)

Please tick, if applicable : ☐ Politically Exposed Person
☐ Related to Politically Exposed Person**Is the entity involved providing any of the following services**

- For Foreign Exchange / Money Changer Services

☐ Yes☐ No

- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)

☐ Yes☐ No

- Money Lending / Pawning

☐ Yes☐ No**Any other information :****GOODS & SERVICES TAX (GST) DETAILS (If applicable)**

If you are registered for GST, kindly provide copy of registration certificate

GSTIN

ANNEXURE FOR JOINT ACCOUNT HOLDER(S)

Demat A/c No. : 12038000

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

Mode of operation of Joint Accounts




☐ Jointly ☐ Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

For Joint accounts, Communication to be sent to

☐ First Holder ☐ All joint account holders

In case if 'first holder' is selected, the communication will be sent as per the preference mentioned on Demat account opening form at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 on Demat account opening form and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

	Name of Holder(s)	Signature(s) of Holder
First Holder (Mr./Ms.)		11 
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

(For Office Use)

Name & Signature of Branch Official : _____

Branch Stamp : _____

Date of Receipt at Branch : _____

DEMAT ACCOUNT OPENING FORM - CDSL (DPID 12038000)

TYPE OF ACCOUNT

STATUS	SUB-STATUS
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/ AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts
<input type="checkbox"/> Non - Individual	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> OCB <input type="checkbox"/> Bank <input type="checkbox"/> Other _____ (Please specify) To be filled by the DP

* In case of Sole Proprietor / Partnership Firm / Unregistered Trust, Demat account should be opened in the name of Proprietor / Partners / Trustees.

ACCOUNT HOLDERS DETAILS

Sole / First Holder's Name	PAN																			
	UID																			
	UCC																			
	Exchange Name & ID																			
Second Holder's Name	PAN																			
	UID																			
Third Holder's Name	PAN																			
	UID																			

+ Provide KYC Application Form for all Joint Holders (Downloaded additional KYC form from www.shareindia.com)

Name* : _____

* Name of the Sole Proprietor / Partnership Firm / Unregistered Trust should be mentioned above.

Nationality : ☐ Indian ☐ Other _____ (Please specify)

DETAILS OF GUARDIAN

In case the account holder is minor

Name of the Guardian (Mr. / Ms. / M/s.) : _____




Relationship : _____ PAN : _____

ADDITIONAL DETAILS

Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
I/We instruct the DP to receive each and every credit in my / our account	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We wish to receive dividend/interest directly into my/our Bank A/c through ECS (If not marked, the default option would be 'Yes'. ECS is mandatory for locations notified by SEBI from time to time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We request you to send Electronic Transaction-Cum-Holding Statement through E-mail + Please mention E-mail ID in KYC form	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
SMS Alert Facility on Mobile Number as given in KYC Form Refer to T & C given in Annexure 'CDSL SMS Alert Facility' on our website under download section. (Mandatory, if you have given DDPI. If DDPI is not granted and you do not wish to avail this facility, cancel this option)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We would like to instruct the DP to accept all the Pledge instructions in my / our account without any other further instruction from my / our end. (If not marked, default option will be 'No')	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We would like to share the E-mail ID with the RTA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We would like to receive the annual report (If not marked, default option will be 'Physical')	<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic	<input type="checkbox"/> Both		
Mode of Operation	<input type="checkbox"/> Jointly	<input type="checkbox"/> Any of the holders or survivors			
+ To register for easi, please visit website www.cdslindia.com [easi allows a BO to view his ISIN balances, transactions and value of the portfolio online]					

DECLARATION

I/We have received and read the Rights & Obligations document and Terms & Conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me / us above are true and to the best of my / our knowledge as on the date of making this application. I / We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I / We request to open a Depository Account in my / our name as per the above details.

	Sole / First Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
Signature			

(In case of more authorised signatories, please add annexure)

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID	1	2	0	3	8	0	0	0	Client ID							
First Holder Name																
Second Holder Name																
Third Holder Name																

To,

SHARE INDIA SECURITIES LIMITED

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India




Dear Sir / Madam,

I / We hereby state that : [Select one of the options given below]

☐ **OPTION 1 :**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us on opening my / our CDSL account through I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Yours faithfully




	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	13 		

OR

☐ **OPTION 2 :**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later day.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	14 		

DECLARATION FOR AVAILING OF BASIC SERVICE DEMAT ACCOUNT (BSDA) FACILITY

To,
SHARE INDIA SECURITIES LIMITED

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza,
Dalal Street Commercial Co-operative Society Limited, Road 5 E,
Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir / Madam,

- ☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.
- ☐ I / We do not wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.
- ☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number.
- ☐ I / We do not wish to avail the BSDA facility for my / our below mentioned demat account number.

Application No.

--




DP ID	1	2	0	3	8	0	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

	NAME	PAN
Sole/First Holder		
Second Holder		
Third Holder		

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened / converted under BSDA facility does not meet the eligibility for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my/our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I/We wish to avail the SMS Alert Facility provided by Depository on +91 _____
My/our mobile No.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat Account across depositories as a first / sole holder.

	Signature
Sole/First Holder	
Second Holder	
Third Holder	

NOMINATION FORM**(For Individual Only)**




I/We wish to make a nomination [As per details given below]

NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in the my/our account in the event of my / our death.

Nomination can be made upto three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory Details				
1.	Name of the nominee(s) Mr./Ms.)			
2.	Share of each Nominee	Equally [If not equally, please specify percentage]	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (if any)			
Date of Birth and Name of Guardian to be provided in case of minor nominee(s)				
Non-Mandatory Details				
4.	Address of Nominee(s)/ Guardian in case of Minor City / Place State / Country PIN Code			
5.	Mobile/Telephone No. of Nominee(s)/Guardian in case of Minor			
6.	Email ID of nominee(s)/ Guardian in case of Minor			
7.	Nominee/Guardian (in case of Minor) Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

NAME AND SIGNATURE OF HOLDER(S)*

	First / Sole Holder	Second Holder	Third Holder
Name			
Sign. of Holder	16 		

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.




Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

DECLARATION FOR OPTING OUT OF NOMINATION**FOR INDIVIDUAL ONLY**

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

NAME AND SIGNATURE OF HOLDER(S)*

	First / Sole Holder	Second Holder	Third Holder
Name			
Sign. of Holder	17 		

* Signature of witness, along with name and address are required, if the account holder affix thumb impression, instead of signature.

FATCA & CRS Declaration (Individual)

PAN Trading Code DP BO ID

Name

Place of Birth Country of Birth

Nationality

Annual Income ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac
☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ > 1 Crore

Net Worth **Amount Rs.**..... Net Worth as on
(Net worth should not be older than 1 year)

Occupational ☐ Business ☐ Private Sector ☐ Professional ☐ Government Service ☐ Public Sector
 Detail ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Pl. Specify

Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) ☐

Are you a tax resident of any country other than India ☐ Yes ☐ No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Share India Securities Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

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Date :

Place :

For Investor convenience, Share India Securities Ltd. (SISL) collecting this mandatory information for updating across all Group Companies of SISL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SISL branch or you can dispatch the hard copy to-

Share India Securities Limited

Corporate Office : A-15, Sector-64, Noida, Distt. Gautam Buddha Nagar, Uttar Pradesh-201301

• For Detail Terms & Conditions please visit www.shareindia.com

Details	UBO1	UBO2	UBO3			
Name of UBO						
UBO Code (Refer 3(iv) (A) of Part C)						
Country of Tax residency*						
PAN [#]						
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____			
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office			
Tax ID [®]						
Tax ID Type						
City of Birth						
Country of birth						
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____			
Nationality						
Father's Name						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY			
Percentage of Holding (%) [§]						
<p>* To include US, where controlling person is a US citizen or green card holder</p> <p>[#] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.</p> <p>[®] In case Tax Identification Number is not available, kindly provide functional equivalent</p> <p>[§] Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary</p>						
DECLARATION						
<p>I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Share India Securities Limited for any modification to this information promptly.</p> <p>I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).</p>						
Name						
Designation						
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>	Date : <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y Place : <input type="text"/>					
<p>For Investor convenience, Share India Securities Limited (SISL) collecting this mandatory information for updating across all Group Companies of SISL whether you are already an investor or would become an investor in future.</p> <p>Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SISL branch or you can dispatch the hard copy to-</p> <p>Share India Securities Limited Corporate Office : A-15, Sector-64, Noida, Distt. Gautam Buddha Nagar, Uttar Pradesh-201301</p>						
• For Detail Terms & Conditions please visit www.shareindia.com						

TARIFF SHEET

Brokerage Charges**Capital Market Segment**

Stock Exchange	Delivery Charges (in %age terms)	Minimum Delivery Charges per share (in Rs.)	Jobbing Charges (in %age terms)	Minimum Jobbing Charges per share (in Rs.)
NSE / BSE / MSEI	_____ %	Rs. _____/-	_____ %	Rs. _____/-

Futures & Options - NSE/BSE/MSEI

Nature of Transaction	in %age terms	Minimum	Minimum (per Lot)
Futures	_____ %		Rs. _____/-
Options	_____ %		Rs. _____/-

Currency Derivatives Segment - NSE/BSE/MSEI

Nature of Transaction	in %age terms	Minimum	Minimum (per Lot)
Futures	_____ %		Rs. _____/-
Options	_____ %		Rs. _____/-

Commodity Derivatives Segment - NSE/BSE/MCX/NCDEX

Nature of Transaction	in %age terms Normal	in %age terms Delivery	Minimum (per Lot)
Futures	_____ %	_____ %	Rs. _____/-
Options	_____ %	_____ %	Rs. _____/-

In addition to brokerage defined hereinabove, clients shall also be required to pay following additional charges which are subject to change from time to time:

Charges levied by Central Government, State Governments, SEBI, Stock Exchanges, Clearing Member and/or other Statutory / Legal Authorities:

- Securities Transaction Tax and/or Commodity Transaction Tax;
- Stamp Duty;
- GST;
- SEBI Turnover Fees;
- Stock Exchange's Transaction Charges with GST;
- Clearing charges charged by Clearing Corporation / Clearing Member with GST;
- Risk Management fee charged by NCDEX.

Other Charges**

- Account opening charges - Rs. 100/- per client
- Late pay-in / delayed payment charges - upto 24% p.a.
- Demat charges - Rs. 10/- per transaction for all instances involving Off-market / Inter-settlement transfers and/or pay-in of shares out of securities held on behalf of respective client
- Pledge charges - 0.025% (Min. Rs. 25/- and Max. Rs. 300/-) per transaction in respect of all such scrips which are tendered as collateral towards applicable margin in Futures and Options / Currency Derivatives Segment
- Internet-based trading (IBT) facility - Rs. 300/- per segment per month for application based software (Rs. 100/- for browser based IBT facility) (Optional)
- Cheque bouncing charges - Rs. 250/- per instance
- Request for additional statement / bill / contract note - Rs. 5/- per page (Min. Rs. 25/- per request) + Courier Charges, if any
- All such charges / penalties that may be levied upon Share India Securities Limited by stock exchanges/SEBI/any other statutory authority due to any act/omission/negligence, whether wilful or otherwise, on part of the client
- In addition to the above, appropriate charges shall also be levied for all such services/facilities that may be availed by the client in addition to services/facilities as per defined Rights and Obligations
- Penalty on Non-maintenance of minimum 50% Cash: Collateral Ratio – upto 12% p.a. on shortfall of Cash Component
- Physical contract note charges: Rs. 100 per physical contract note sent in case of email bounce/rejected of client.
- Migration charges of Rs. 500/-
- Algo Subscription charges of minimum Rs. 500/- per month.

** GST at applicable rates shall additionally be levied on all of these charges



Share India Securities Limited

Depository Participant with CDSL DP-ID-12038000 • SEBI Regn. No.: IN-DP-CDSL-288-2005
 Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
 Road 5E, Block-53, Zone-5, GIFT City, Gandhinagar, Gujarat-382355
 Ph.: 0120-4910000 (96 Lines), Fax : 0120-4910030



SCHEDULE OF SERVICES CHARGES FOR DP SERVICES (Effective from 01.03.2022)

SCHEME	SCHEME – A	SCHEME – B		SCHEME – C	
		(For Individual A/c only) Rs. 1,000/- (Non Refundable) For Nil Life Time AMC	(For Non Individual A/c only) Rs. 10,000/- (Non Refundable) For Nil Life Time AMC		
1. Account Opening Charges	Nil	Nil	Nil	Nil	
2. Account Maintenance Charges	Rs. 200/- per annum (For Individual Account) Rs. 1500/- per annum (For Corporate Account)	Nil	Nil	Value of Holdings in the Demat Account (Debt as well as other than debt securities combined)	Maximum Annual Maintenance Charges
				Up to Rs. 4 Lakhs	Nil
				More than Rs. 4 Lakhs but up to Rs. 10 Lakhs	Rs. 100/-
				More than Rs. 10 Lakhs	Not a BSDA. Regular AMC may be levied
3. Stamp Paper & KRA Charges	As per applicable	As per applicable	As per applicable	As per applicable	
4. Dematerialisation Charges	Rs. 50/- Per DRF plus Rs. 5/- per certificate	Rs. 50/- Per DRF plus Rs. 5/- per certificate	Rs. 50/- Per DRF plus Rs. 5/- per certificate	Rs. 50/- Per DRF plus Rs. 5/- per certificate	
5. Rematerialisation Charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable plus courier charges	
6. Custody	Nil	Nil	Nil	Nil	
7. Transaction Charges (per transaction)					
(a) Receipt/Purchase	Nil	Nil	Nil	Nil	
(b) Delivery/Sale	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	0.01% (Minimum Rs.15/-)	
8. Pledge Charges (per transaction) Creation Invocation/Closure	Rs. 50/-	Rs. 50/-	Rs. 50/-	Rs. 50/-	
9. Margin Pledge per transaction/ Release of Margin Pledge	Rs. 15/-	Rs. 15/-	Rs. 15/-	Rs. 15/-	
Margin Re-Pledge per transaction/ Release of Margin Re-Pledge	Rs. 10/-	Rs. 10/-	Rs. 10/-	Rs. 10/-	
10. Easiest Subscribers (Password User)	Rs. 100/- p.a.	Rs. 100/- p.a.	Rs. 100/- p.a.	Rs. 100/- p.a.	
11. Instruction Booklet (1st Book Free)	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	Rs. 40/- plus courier charges	

In addition to the above, the following out of pocket expenses shall also be charged.

- Failed Instruction Intimation : Rs. 20/- per intimation per instruction
- Additional Statement of Holding/Transaction : Rs. 5/- per page + Postage as per actuals.
- Incase of demat rejection, postage charges shall be charged @ Rs. 35/- for dispatch of share certificates to the clients.
- Any Modification in client master will be charged @ Rs. 50/- per modification.
- Any other services not specified above shall be charged extra.
- Taxes and other government fee/charges shall be levied extra, as applicable from to time.
- Charges for DP services in respect of clients having trading account/s with Share India Securities Ltd. will be debited to their trading accounts.
- Late payment charges @ 13% p.a. shall be levied.
- SHARE INDIA SECURITIES LTD may suspend/freeze the depository services of the account holder in case of non-payment of outstanding bill till the time of actual clearance of debit balance.
- Above charges are subject to revision as per Share India's sole discretion after providing 30 days' prior notice.

Please Tick : ☐ Scheme – A ☐ Scheme – B ☐ Scheme – C

Signatures

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Sole/First Holder/Signatory's Signature

Second Holder/Signatory's Signature

Third Holder/Signatory's Signature

DEBIT OF DEPOSITORY CHARGES FROM TRADING A/C

To,
Share India Securities Limited

Date _____

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Sub : Depository Charges (Client Code _____)

I/We have a trading account with Share India Securities Ltd and Depository account with Share India Securities Limited. Please debit the charge relevant to depository service in my/our trading account on regular basis. I/We also agree to maintain the adequate balance in my/our trading account for the said reason.

Signatures

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Sole/First Holder/Signatory's Signature



Second Holder/Signatory's Signature



Third Holder/Signatory's Signature

**PLEASE DO NOT SIGN THIS CONFIRMATION UNLESS YOU HAVE BEEN
PROVIDED WITH REQUIRED DOCUMENTS / INFORMATION**

To Whomsoever It may Concern

This is to confirm that I/we have been provided with (*please tick the appropriate checkbox*):

- a) Duly completed copies of all KYC documents including mandatory documents as well non-mandatory documents executed by me/us for the purpose of Limited my/our Client Registration with M/s Share India Securities Ltd. ☐
- b) Copies of policies and procedures; Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading); Uniform Risk Disclosure Documents (for all segments/ exchanges); Guidance Note detailing Do's and Don'ts for trading on stock exchanges, Additional Risk Disclosure documents for Option Trading and Investor Charter for Stock Broker and Depository Participant and policy of freezing of online access to trading account. ☐

Further, I/we also hereby confirm that I/we have been informed about the following details relating to my/our trading account:

Unique Client Code (UCC) allotted to me/us _____

E-mail-Id _____

(to be used by M/s. Share India Securities Ltd. for the purpose of sending electronic contract notes)

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Client Name: _____ Client Code: _____

INFORMATION REGARDING SEBI COMPLAINT REDRESS SYSTEM (SCORES)

Filing of complaints on SEBI SCORES - Easy & Quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES:
 - i. Name, Pan, Address, Mobile Number, Email ID
- c. Benefits:
 - i. Effective communication
 - ii. Speedy redressal of the grievances

MOST IMPORTANT TERMS AND CONDITIONS (MTC)**(For non-custodial settled trading accounts)**

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.



Client Name: _____ Client Code: _____

OPEN INTEREST DECLARATION

To,
Share India Securities Limited

Date : _____

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir,

Subject: My / Our request for trading in commodity forward contracts / commodity derivatives.

I/We, the undersigned, have taken cognizance of circular of stock exchanges on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that I/we shall not exceed the position limits prescribed from time to time by stock exchanges / SEBI and such position limits will be calculated in accordance with the contents of above stated circulars of stock exchanges as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/Trusts in which I or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on stock exchanges through you or through any other member(s) of stock exchanges, to enable you to restrict our position limit as prescribed by the above referred circular of stock exchanges as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on stock exchanges only on the basis of our above assurances and undertaking.

Thanking you,

Yours truly,

Client's Signature

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Name _____ Client Code _____

CLIENT UNDERTAKING FOR OPTIONS TRADING

I/We _____ do hereby undertake and give my/our consent to trade in Options Contracts on Commodity Derivatives Segment.

I/We further state that I/we have clearly understood the risks involved in options trading subject to regulatory requirements of the Exchange and SEBI, as may be in force from time to time.

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Date: _____

SUBMISSION OF INFORMATION W.R.T. COMMODITY-WISE CATEGORIZATION

To,

Share India Securities Limited

Date : _____

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Sub: Submission of information w.r.t. Commodity-wise Categorization

Reference my/our existing /proposed trading account with your organization for the purpose of trading in Commodity's Futures and/or Options Contracts, I/we hereby submit details w.r.t. my/our Commodity-wise Categorization, in respect of all such commodities wherein I/we am/are presently trading or intend to trade in future, for your records. I/we undertake to keep you informed about changes, if any, in the below-mentioned information:

Category / Name of the Commodity*	Farmers/FPOs (It includes participants such as farmers, farmers' cooperatives, Farmers Producers Organisations (FPOs) and such entities of like nature)	Value chain participants (VCPs) (It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs.)	Domestic financial institutional investors (It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives)	Foreign participants (It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets)	Others (All other participants which cannot be classified in the above categories)

*Please insert name of all commodities to be traded in First Column. Also put a (✓) mark in relevant boxes.

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Client Name: _____ Client Code: _____

RUNNING ACCOUNT AUTHORISATION - ALL EXCHANGES

(Kindly note that these additional clause(s)/ documentation(s) are voluntary and at the discretion of the stock broker and the client. The same are required for maintaining the account of the Client on a running basis. The client need not execute this document if he / she does not wish to. The client has the right to terminate the document, in which eventuality; the stock broker shall maintain the account of the client on a settlement basis)

To,

Share India Securities Limited

Dated.....

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

I/ we / are/ shall be maintaining a trading account with you for the purpose of doing trading transactions and in order to facilitate ease of operations. I/ we authorize you as under:

1. My/ our trading account w.r.t funds transactions may please be maintained on a running basis i.e. the funds pay out due to me/ us on the date of pay- out may be retained with your good selves and adjusted towards my/ our future margin obligations and/ or funds pay-in obligations.
2. While settling my/ our trading account on a periodical basis, you may retain my/ our funds only to such extent as may be allowed as per applicable directives/ guidelines issued by Stock Exchanges/. SEBI.
3. I/ we confirm that I/ we shall bring to your notice all the discrepancies/ disputes, if any, arising out of statements sent to me/ us at the time of my/ our periodical settlement, within a period of 7 working days from the date of such statements.
4. I/ we reserve my/ our right to revoke this authorization at any time without any prior notice by submitting a written request with your goodselves:
5. I/ we would prefer to get my/ our trading account actually settled as per the periodicity indicated herein after:

☐ Monthly

☐ Quarterly

Thanking you,

Yours faithfully,

Signature



Name _____ Client Code: _____

[Note: To be signed by person himself / herself not to be signed by his/her attorney/authorized person etc.]

ELECTRONIC CONTRACT NOTE (ECN) DECLARATION

To,

Share India Securities Limited

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir,

I _____ a client with member
M/s. Share India Securities Limited undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is _____.
This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

Client Name: _____

Unique Client Code : _____

PAN: _____

Address : _____

Date : _____ Place: _____

Verification of the client signature done by,

Name of the designated officer of the Member _____

DEMAT DEBIT AND PLEDGE INSTRUCTION

To,
Share India Securities Limited

Date : _____

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

S.No.	PURPOSE	Signature of Client
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker.	
2.	Pledging / re-pledging of securities in favor of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	
4.	Tendering shares in open offers through Stock Exchange platforms.	

**SCHEDULE I: Demat accounts where securities can be transferred/pledged
(includes any other account as may be opened from time to time)**

PARTICULARS	DP ID	CLIENT ID
NSE Pool Account-CDSL	12038000	00000586
NSE Pool Account-NSDL	IN300966	10154704
NSE Early Payin Account	11000011	00017286
BSE Early Payin Account	11000010	00015088
Client Securities Margin Pledge Account	12038000	00140833
Client Unpaid Securities Pledge Account	12038000	00281358
Client Securities under Margin Funding Account	12038000	00281683

*The same may be signed physically against each purpose of DDPI. The same may also be signed. In case of sign, client shall be given an option for choosing the specific purpose(s) of DDPI.

"DDPI Authorization will continue to remain valid until revoked in writing by me/us, such revocation or termination shall in no way affect the validity of DDPI with reference to any transactions initiated by me/us prior to the actual receipt by the DP of the notice of such revocation or termination as above."

Beneficial Owner (BO) ID _____

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DECLARATION FOR COMMON MOBILE NO. & E-MAIL ID

To,
Share India Securities Limited

Date : _____

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Sub: Common Mobile No. / Email ID for Trading / Demat Accounts

Dear Sir,

I, _____ request you to kindly use the below mentioned Mobile No. & E-mail id for respective accounts as the said accounts belongs to my family members.

Mobile No. : _____

E-mail id : _____

I understand that it has been mandate by SEBI that separate Mobile No. and E-mail id is to be uploaded for each client. Further to this, under exceptional circumstances, the Trading Member / DP may, at the specific written request, upload the same Mobile No. / E-mail id for more than one trading / demat account provided such accounts belong to one family.

"Family" for this purpose would mean self, spouse, dependent children and dependent parents.

DECLARATION

I do hereby declare that the below mentioned name belongs to my immediate family and any discrepancies noted in this regard I shall be held responsible for the same.

Family Member's Code / Demat A/c No.	Family Member's Name	Relationship with Client	Signature of Family Member

Thanking you,
Yours faithfully,

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Client Name: _____ Client Code: _____

Client DP ID : _____

DECLARATION BY HUF

To,

SHARE INDIA SECURITIES LIMITED

Date :

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza,
Dalal Street Commercial Co-operative Society Limited, Road 5 E,
Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Dear Sir/s,

As our HUF Firm (Joint Hindu Family) wishes to open a trading and demat account with you for the purpose of trading in the name of we beg to say that the first signatory to this letter i.e., is the Karta of our family and other signatories are the adult co-parceners of the said family is authorized to sell, buy, transfer, endorse, negotiate and/or otherwise deal through you on behalf of the HUF. He is also authorized to sign, execute and submit such application, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF towards you and agree and confirm that any claim due to the you from the HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family and the share of the minor co-parceners, if any.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform you about the death or birth of a co-parceners or of any other change occurring at any time in the membership of our joint family, during the currency of the said trading account.

Name & signature of Karta

Name

**Name & Signature of Adult Co-parceners**

1

2

3

4

Name & Date of Birth of Minor Co-parceners

1

2

3

ADDITIONAL RIGHTS & OBLIGATIONS

(Kindly note that these additional clause(s) are voluntary and at the discretion of the stock broker and the client. The same are required for clarifying the scope and exact nature of authorities and responsibilities of the Stock Broker and the client vis-à-vis each other. The client need not execute this document if he / she does not wish to. The client has the right to terminate the document. The Client also has the right to struck off all such clauses, if any, to which he/she doesn't agree. The Client is also expected to put his/her signatures against all such struck off clauses).

For the purpose of this document, unless the context otherwise requires:

- a) The words "Share India" wherever used in this schedule shall be deemed to be referring to M/s. Share India Securities Limited, a company incorporated under the relevant provision of the Companies Act, 1956 and having its registered office at 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited, Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India;
- b) Words denoting the singular number shall also include the plural and vice versa;
- c) The pronouns "he", "she", "it" and their cognate variations are used as interchangeable and interpreted in accordance with the context;
- d) Words denoting a person shall include an individual, corporation, company, partnership, trust or other entity; provided however that clauses specifically applicable to a company, partnership or body corporate shall not apply to any other entity;
- e) References to the words "include" or "including" shall be construed without limitation;
- f) References to recitals and clauses shall be deemed to be a reference to the recitals and clauses of this schedule; and
- g) Reference to any rule, regulation, by-laws, circulars, guidelines and / or directives shall be construed as referring also to any amendment, addition or deletion therein or re-enactment thereof.

Additional Rights & Obligations :

1. The Client agrees and acknowledges that Share India shall not be liable to provide him with any legal, tax, investment or accounting advice or advice regarding the suitability or profitability of a security or investment and as such all investment and disinvestment
2. The Client hereby agrees and declares that he has fully assessed and accepted the risks involved in using the services / facilities including but not limited to internet based services such as but not limited to misuse of passwords, internet frauds, technology risks etc.; and agrees not to hold Share India and/or services providers responsible for any damages, losses or negative consequences, which Client may suffer in any manner whatsoever.
3. The Client shall regularly review information relating to order placement, order confirmation, order modifications, order executions, trade confirmations, trade modifications and /or any other information

decisions shall be based on the Client's own evaluation of financial circumstances and investment objectives. This extends to any decision made by the Client on the basis of any information that may be made available by Share India including that on the website/trading platform/through SMS etc. The Client will not hold nor seek to hold Share India or any of its officers, directors, employees, agents, subsidiaries, affiliates or business associates liable for any trading losses or other losses, costs or damage incurred by the Client consequent upon relying on information, research opinions or advice or any other information whatsoever including that on the website whether put up by Share India or any other agency. Share India does not represent and shall not be deemed to have represented that the investment information is accurate or complete. The Client is aware that any information based on the research of Share India or other external sources is merely an estimation of the viability or otherwise of certain investments, and Share India shall not be deemed to have assumed any responsibility for such information. The Client should seek independent professional advice regarding the suitability of any investment decision. The Client also acknowledges that Share India's employees/agents are not authorized to give any such advice and that the Client will not solicit or rely upon any such advice from Share India or any of its employees/agents.

that may be contained in bills, transaction statements, account statements, securities statements, margin statements etc. pertaining to Client's account, communicated or sent by Share India either to Client himself or to any of his relatives, associates or authorized representatives in person or through telephone, SMS, e-mail, courier, ordinary post, speed post, registered post, telegram or any other means or modes that may be available with Share India at the relevant time to Client's Mobile / Telephone No., E-mail Id and/or Postal Address as per Share India's records, and to report the discrepancies in such information/ correspondence, if any, immediately within a period not exceeding 7 days after dispatch of the same from Share India's end by delivering a physical letter in this regard at Share India's corporate office.

4. The Client agrees to ensure that he shall not act as a portfolio manager / sub-broker / authorised person / intermediary without getting himself registered as such, in accordance with relevant provisions of rules, regulations, bye laws, circulars and guidelines of the respective stock exchange(s) and / or SEBI.
5. Client agrees to Share India tape-recording the conversations between Client/Client's representative and Share India's officers/ employees/agents etc. in its absolute discretion, either personally or over the telephone. Such recordings may be relied upon by Share India in appropriate legal /conciliatory proceedings.
6. The Client undertakes that he shall neither place nor cause to be placed any such orders (including but not restricted to such orders which are either structured, synchronized or circular in nature and/or such other orders which has or may have the potential of manipulation of order books, prices and/or volumes of the respective scrips/securities/ contracts and/or such other orders which do not have any bonafide economic rationale or are otherwise in-genuine in nature) at the trading terminals of Share India, which violates any of the provisions of rules, regulations, bye-laws, circulars, guidelines

and/or directives of SEBI / respective Stock Exchange/s, as may be in force from time to time. In case of any default on the part of the Client in this regard, the Client unconditionally agrees to wholly indemnify Share India against all such damages, losses and/or penalties, which Share India may be required to incur or suffer on account of Client's violation/non-compliance of the conditions contained in this clause, irrespective of the fact whether such damage/loss/penalty arises during the period of existence of Broker-Client relation of the parties hereto, or at any time thereafter.

7. In case Client has made any sale of securities and due to any exigencies, Client is unable to make available the delivery of the same in the designated account within the designated time and it is an inter Client delivery at broker level, Client hereby agrees that Share India may make purchases of the same in the market on Client's behalf to make available the delivery of the said securities to the opposite party.
8. Client agrees that his trading account/s may be debited with late payment charges as mentioned in Standard Policies and Procedures documents as Share India may deem fit in its absolute sole discretion, in case the Client fails to meet his pay-in obligations by such pay-in deadlines as may be prescribed by respective Stock Exchange(s) / SEBI from time to time;
9. Client agrees that his trading account/s may be debited with all such charges, damages, penalties and/or losses including cheque bouncing charge/s, charges towards depository services provided by Depository Participant division of Share India to the Client, all statutory charge/s as well as penalties of any kind whatsoever, which Share India may be required to suffer or pay from time to time, due to any of the Clients' actions, omissions, negligence and/or default of any kind whatsoever;
10. Client agrees that all such securities that have been deposited by the Client with Share India towards collateral / margin and/or such other securities that may be lying with Share India from time to time due to maintenance of running account by the Client with Share India, may be deposited / pledged by Share

- corporation / clearing house / clearing member / any other person or entity, as Share India may deem fit in its absolute discretion;
11. Share India shall be within its right to demand sums due separately for any specific segment and/or stock exchange, if it so deems fit in its absolute discretion. Further, the Client authorizes Share India to set-off outstanding balance/s in any of Clients' trading accounts with Share India against credits available or arising in any other trading account/s maintained by the Client with Share India, irrespective of the fact whether such credit pertains to transactions in different segments of the same Stock Exchange or of different Stock Exchanges and/or against the value of cash margin, securities and / or any other collateral deposited by the Client with Share India;
 12. The Client agrees that all monies or securities which Share India may hold on Client's account shall be held subject to a general lien for the discharge of Client's obligations towards Share India.
 13. Client agrees that Share India may in its sole discretion, set-off / appropriate / adjust a part or whole of the monies / credit balances in ledger and / or securities (shares/stocks/commodities etc) and / or Margin lying as credit in Client's account against any dues / debit balances in ledger including but not limited to dues by way of shortfall in Margin in any of Client's account.
 14. The Client understands and agrees that in no case Share India shall be able to give to the Client, credit against Third Party Payments/ Deliveries tendered/transferred by the Client to the respective Bank and/or Demat Accounts of the Share India. However, in case due to any error or omission, whether bonafide or otherwise on the part of any of the employees/agents etc. of Share India, the Client gets credit towards any Third Party Payments/ Deliveries, then in such a case
 - a) where the Client has received credit towards any third party payments, the Client unconditionally agrees to arrange for refund of the entire amount for which undue credit has been received by the Client from Share India, forthwith on receipt of intimation / request in this regard from Share India, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for the entire period falling between date of receipt of intimation / request as aforesaid and the date of receipt of actual refund by Share India from the Client; and
 - b) where the Client has received credit towards any third party deliveries, the Client unconditionally agrees to arrange for returning all such securities along with all the Corporate Benefits thereon, if any, received by the Client on such securities for which undue credit has been received by him, forthwith on receipt of intimation / request in this regard from Share India, and in case, where the Client fails to return the Securities / Corporate Benefits as aforesaid, the Client shall be liable to pay to Share India, the money equivalent to market value of the Securities / Corporate Benefits not so returned, calculated in accordance with market rates of the relevant securities, prevailing on the date of such payment.
 15. The Client understands and agrees that in case due to any error or omission, whether bonafide or otherwise, on the part of any of the employees/agents etc. of Share India, Share India pays / transfers / credits to the Client any funds / securities to which the Client was not entitled, then in such a case

a) where the Client has received any payment/credit from Share India for an amount to which he was not entitled, the Client unconditionally agrees to arrange for refund of the entire amount unduly received by him, forthwith on receipt of intimation / request in this regard from Share India, and in a case, where the Client has failed to refund the entire amount within 7 days from the date of receipt of intimation / request as aforesaid, then he shall be liable to refund the said amount along with interest @ 18% p.a. plus GST payable for the entire period falling between date of receipt of intimation / request as aforesaid and the date of actual receipt of refund by Share India from the Client; and

b) where the Client has received any securities from Share India to which he was not entitled, the Client unconditionally agrees to arrange for returning all such securities along with all the Corporate

Benefits thereon, if any, received by the Client on such securities unduly received by him, forthwith on receipt of intimation / request in this regard from Share India, and in case, where the Client fails to return the Securities / Corporate Benefits as aforesaid, the Client shall be liable to pay to Share India, the money equivalent to market value of the Securities / Corporate Benefits not so returned, calculated in accordance with market rates of the relevant securities, prevailing on the date of such payment.

Irrespective of the fact whether such a payment/transfer takes place during the period of existence of Broker-Client relation of the parties hereto, or at any time commencing thereafter.

16. The Client agrees to accept the responsibility of himself knowing the status of all corporate action(s) including but not limited to Rights Issues, Bonus Issues, Dividends, Stock Splits, Consolidation of Shares, Buy Backs, Open Offers, Reduction / Reorganization of Capital, Merger, Demerger or Amalgamation of Companies and/or Delisting of Companies/ Securities etc. announced or intimated by Issuer Company from time to time, which may or may not have an impact on prices, volumes, lot sizes and/or tradability of respective securities and/or contracts. It is the

Clients' responsibility to keep track of all such corporate action/s in respect of all such securities / contracts in which Client intends to trade and / or those which are kept by Client with Share India for ease of dealing / margin / collateral / security etc. and to make appropriate trading / dealing decisions by appropriately considering the impact of any such corporate action(s). Share India shall not be able to act as an advisor to Client in any of these matters/ aspects.

The Client also agrees that in respect all such securities which are kept by Client with Share India for ease of dealing / margin / collateral / security etc., Share India shall not be responsible in any manner to provide any benefits arising out of various Corporate Actions including benefits arising out of Right Issues, Open Offers and Delisting Offers unless benefits, if any, under such

Corporate Actions automatically gets credited to the respective Bank/Demat Accounts of Share India, without requiring any action whatsoever on the part of Share India. However, in case of dividend / bonus / stock splits, the benefit thereof shall be passed on to the respective Clients by the Share India, within one month after receipt thereof.

Further, for availing the benefits arising out of Corporate Actions requiring some action e.g. Right Issues, Open Offers and Delisting Offers etc., in respect all such securities which are kept by Client with Share India for any reason whatsoever, the Client shall be solely responsible for applying

for such corporate benefits after himself taking initiative for getting such securities transferred into his own beneficiary account well in advance before applicable record date / cut-off date / book closure, if any. In exceptional circumstances only, Share India may, upon written request of the Client given well in advance, take actions for and on behalf of the Client, to apply for and / or to receive such corporate benefits in respect of securities held by Share India on behalf of the Client (subject to Client making available free funds etc. for the same well in advance). However, Share India shall not be liable for any loss / claim whatsoever, in the event such application is rejected by Registrar / Company / Manager to the Issue, for any reason whatsoever.

17. The Client agrees to accept full responsibility of himself knowing all the applicable rules, regulations, byelaws and directives, if any, in relation to delivery transactions on Commodity Derivatives Segment/s. Share India shall not be able to act as advisor to Client in any of these matters. The client agrees to assume complete and unconditional responsibility in respect of all the compliances, taxes, costs, charges, fee, levies and/or penalties etc., if any, relevant to delivery transactions on Commodity Derivatives Segment/s. The client also unconditionally agrees to reimburse all the costs, expenses and/penalties etc., if any, which Share India may be required to incur and/or suffer on account of client's delivery transactions on Commodity Derivatives Segment/s.
18. The parties hereto have agreed that failure of either party to enforce at any time any terms contained in this schedule, shall not be construed to be the waiver of such terms or of the right to enforce such terms, at any time thereafter.
19. If any provisions of this schedule are held invalid or unenforceable by reason of any law, rule, administrative order or judicial decision by any court, or regulatory or self-regulatory agency or body, such invalidity or unenforceability shall attach only to such provisions held invalid. The validity of remaining provisions and terms shall not be affected thereby and these terms shall be carried out as if such invalid / unenforceable provisions or terms were not contained herein.

Signed by or on behalf of Client

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Signed by:

Title:

Name of the client

Place

Date

Signed on behalf of Share India

Signed by:

Title:

Name of the Stock Broker : **SHARE INDIA SECURITIES LTD.**

Place

Date

SPECIMEN OF BOARD RESOLUTION*(To be provided on Pre-printed letter head of the company)*

CERTIFIED TRUE COPY OF RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF M/S..... HAVING ITS REGISTERED OFFICE AT..... HELD ONTH DAY OF, 20.....

“RESOLVED THAT the Company is empowered to deal on Capital Market, Futures & Options, Currency Derivatives, Commodity Futures and/or Commodity Options Segment of National Stock Exchange of India Ltd. (NSE) / BSE Ltd. (BSE) / Multi Commodity Exchange of India Ltd. (MCX) / National Commodity & Derivatives Exchange Ltd. (NCDEX) and/or any other Segment that may be introduced by NSE/BSE/MCX/NCDEX.

RESOLVED FURTHER THAT a Corporate Beneficiary Account for depository purposes as well as Trading Account/s for the purpose of trading on NSE/BSE/MCX/NCDEX be opened with M/s. Share India Securities Limited having their Regd. Office at 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited, Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India. M/s. Share India Securities Limited be and is hereby authorized to honor instructions, oral or written, given on behalf of the company by any of the under noted authorized signatories:

Sl. No.	Name	Designation
1.
2.

who are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through Share India Securities Limited on behalf of the Company.

FURTHER RESOLVED THAT Shri..... and/or Mr.....Directors and/or Mr....., Authorized Signatory of the Company, be and are hereby authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds, as may be deemed necessary or expedient to open accounts and give effect to this resolution.

RESOLVED FURTHER THAT the Common Seal of the Company be affixed, wherever necessary in accordance with the relevant clauses of Articles of Association of the Company.”

For

Chairman/Company Secretary

Specimen Signature of the Authorized Persons

Sl. No.	Name	Specimen Signature
1.
2.

Client Name : _____

Client Code : _____

Branch Code : _____

Branch Name : _____

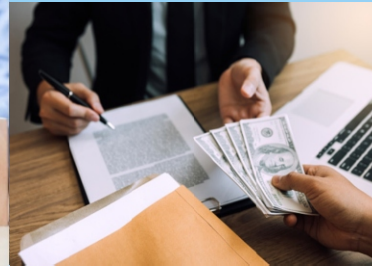
Recommended by : _____



MUTUAL FUNDS/SIP



INSURANCE



BONDS/CORPORATE FD/ IPO



SHARES/MUTUAL FUNDS RESEARCH



Share India Securities Limited

CIN : L67120GJ1994PLC115132

Member : NSE (Capital Market, F&O, Currency Derivatives and Commodity Derivatives Segment)
Membership No.: 10798

Member : BSE (Capital Market, F&O, Currency Derivatives and Commodity Derivatives Segment)
Clearing No.: 0226

Member : MCX (Commodity Derivatives Segment)
Membership No.: 56190

Member : NCDEX (Commodity Derivatives Segment)
Membership No.: 1256

Member : MSEI (Capital Market, F&O and Currency Derivatives Segment)
Membership No.: 51200

SEBI Regn. No.: INZ000178336

Depository Participant : CDSL • SEBI Regn. No.: IN-DP-32-2015 • DP ID : 12038000

Portfolio Manager : SEBI • SEBI Regn. No.: INP000005926

Research Analyst : SEBI • SEBI Regn. No.: INH100005011

Corp. Office : A-15, Sector-64, Noida, Distt. Gautam Buddha Nagar,
Uttar Pradesh-201301, Ph.: 0120-4910000 (96 lines) • Fax : 0120-4910030

Regd. Office : 615 and 616, 6th Floor, X-Change Plaza, Dalal Street Commercial Co-operative Society Limited,
Road 5 E, Block 53, Zone 5, Gift City, Gandhinagar, Gujarat-382355, India

Ph.: 0120-4910000 (96 lines) • Fax : 0120-4910030

E-mail ID : investors@shareindia.com • Website : www.shareindia.com