

Pen down your happiness

in the form of prosperity



Raghunandan Capital Pvt. Ltd

| SEBI REGN NO. | | DATE | SEBI REGN NO. | | DATE |
|--|--------------|------------|--|----------------|------------|
| NSE Cash | INB231317638 | 24/10/2008 | BSE Cash | INB011317634 | 30/07/2010 |
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| | | | CDSL | IN-DP-213-2016 | 22/02/2016 |
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| Clearing Member | GLOBE CAPITAL MARKET LIMITED | Clearing Member | IL & FS SECURITIES SERVICES LTD. |
|---|------------------------------|--|----------------------------------|
| SEBI Regn. No.: (NSE F&O) INF 230663732, Clg. Code : M50302 | | SEBI Regn. No.: (NSE CDS) INE 231308334, Clg. Code : C50008 | |
| SEBI Regn. No.: (BSE CDS) INE 010663731, Clg. Code : 3179 | | SEBI Regn. No.: (BSE F&O) INF 011133834, Clg. Code : P807 | |
| 609, Ansal Bhawan, 16, Kasturba Gandhi Marg, New Delhi-110001 Tel.: 011-30412345 | | IL & FS House, Plot No. 14, Raheja Vihar, Chandivali, Andheri East, Mumbai-400072 Tel.: 42493000-100 | |

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|----|--------------------------------------|---|
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| 7. | Format for non individual | To provide additional details of KARTA/Whole Time directors/All Partners/Promoters & Trustees. |
| 8. | KRA for Individual | Format for KRA registration need to be filled by all joint holders/authorized signatories in case of joint holders/non-individual account. |

*Formats are available on our website www.rmoneymoneyindia.com under download section.

CONTACT DETAIL FOR INVESTOR GRIEVANCES

For any grievance/dispute please mail us at askus@rmoneymoneyindia.com or contact us on 0562-4266600, 9568654321. In case not satisfied with the response, please contact the concerned exchange(s)/depository at :

| Exchange Name | E-mail ID | Phone No. |
|--|--|--------------|
| National Stock Exchange of India Ltd. | ignse@nse.co.in | 1800220050 |
| Bombay Stock Exchange Ltd. | iscdelhi@bseindia.com | 011-43007413 |
| Central Depository Services (India) Ltd. | complaints@cdslindia.com | 022-22723333 |

☐ **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 [Pol] OF RELATED PERSON* (Please see instruction **(H)** at the end)

| | | | |
|--|--|-----------------------------|--|
| <input type="checkbox"/> A- Passport Number | | Passport Expiry Date | |
| <input type="checkbox"/> B- Voter ID Card | | | |
| <input type="checkbox"/> C- PAN Card | | | |
| <input type="checkbox"/> D- Driving Licence | | Driving Licence Expiry Date | |
| <input type="checkbox"/> E- UID (Aadhaar) | | | |
| <input type="checkbox"/> F- NREGA Job Card | | | |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | | Identification Number | |
| <input type="checkbox"/> 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 ☐ Self Certified Copies

IPV / KYC VERIFICATION CARRIED OUT BY

| | | | |
|------------------|--|-------|--|
| Date | | Place | |
| Emp. Name | | | |
| Emp. Code | | | |
| Emp. Designation | | | |
| Emp. Branch | | | |

[Employee Signature]

INSTITUTION DETAILS

| | |
|------|--|
| Name | |
| Code | |

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with "*" are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

| Document Code | Description |
|---------------|--|
| 01 | Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions. |
| 02 | Letter issued by a gazetted officer, with a duly attested photograph of the person. |

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

| Document Code | Description |
|---------------|--|
| 01 | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill). |
| 02 | Property or Municipal Tax receipt. |
| 03 | Bank account or Post Office savings bank account statement. |
| 04 | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address. |
| 05 | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06 | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India. |

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

| State / U. T. | Code | State / U. T. | Code | State / U. T. | Code |
|------------------------|------|------------------|------|---------------|------|
| Andaman & Nicobar | AN | Himachal Pradesh | HP | Pondicherry | PY |
| Andhra Pradesh | AP | Jammu & Kashmir | JK | Punjab | PB |
| Arunachal Pradesh | AR | Jharkhand | JH | Rajasthan | RJ |
| Assam | AS | Karnataka | KA | Sikkim | SK |
| Bihar | BR | Kerala | KL | Tamil Nadu | TN |
| Chandigarh | CH | Lakshadweep | LD | Telangana | TS |
| Chattisgarh | CG | Madhya Pradesh | MP | Tripura | TR |
| Dadra and Nagar Haveli | DN | Maharashtra | MH | Uttar Pradesh | UP |
| Daman & Diu | DD | Manipur | MN | Uttarakhand | UA |
| Delhi | DL | Meghalaya | ML | West Bengal | WB |
| Goa | GA | Mizoram | MZ | Other | XX |
| Gujarat | GJ | Nagaland | NL | | |
| Haryana | HR | Orissa | OR | | |

List of ISO 3166 two - digit Country Code

| Country | Country Code | Country | Country Code | Country | Country Code | Country | Country Code |
|-----------------------------------|--------------|-------------------------------------|--------------|--|--------------|--|--------------|
| Afghanistan | AF | Dominican Republic | DO | Libya | LY | Saint Pierre and Miquelon | PM |
| Åland Islands | AX | Ecuador | EC | Liechtenstein | LI | Saint Vincent and the Grenadines | VC |
| Albania | AL | Egypt | EG | Lithuania | LT | Samoa | WS |
| Algeria | DZ | El Salvador | SV | Luxembourg | LU | San Marino | SM |
| American Samoa | AS | Equatorial Guinea | GQ | Macao | MO | Sao Tome and Principe | ST |
| Andorra | AD | Eritrea | ER | Macedonia, the former Yugoslav Republic of | MK | Saudi Arabia | SA |
| Angola | AO | Estonia | EE | Madagascar | MG | Senegal | SN |
| Anguilla | AI | Ethiopia | ET | Malawi | MW | Serbia | RS |
| Antarctica | AQ | Falkland Islands (Malvinas) | FK | Malaysia | MY | Seychelles | SC |
| Antigua and Barbuda | AG | Faroe Islands | FO | Maldives | MV | Sierra Leone | SL |
| Argentina | AR | Fiji | FJ | Mali | ML | Singapore | SG |
| Armenia | AM | Finland | FI | Malta | MT | Sint Maarten (Dutch part) | SX |
| Aruba | AW | France | FR | Marshall Islands | MH | Slovakia | SK |
| Australia | AU | French Guiana | GF | Martinique | MQ | Slovenia | SI |
| Austria | AT | French Polynesia | PF | Mauritania | MR | Solomon Islands | SB |
| Azerbaijan | AZ | French Southern Territories | TF | Mauritius | MU | Somalia | SO |
| Bahamas | BS | Gabon | GA | Mayotte | YT | South Africa | ZA |
| Bahrain | BH | Gambia | GM | Mexico | MX | South Georgia and the South Sandwich Islands | GS |
| Bangladesh | BD | Georgia | GE | Micronesia, Federated States of | FM | South Sudan | SS |
| Barbados | BB | Germany | DE | Moldova, Republic of | MD | Spain | ES |
| Belarus | BY | Ghana | GH | Monaco | MC | Sri Lanka | LK |
| Belgium | BE | Gibraltar | GI | Mongolia | MN | Sudan | SD |
| Belize | BZ | Greece | GR | Montenegro | ME | Suriname | SR |
| Benin | BJ | Greenland | GL | Montserrat | MS | Svalbard and Jan Mayen | SJ |
| Bermuda | BM | Grenada | GD | Morocco | MA | Swaziland | SZ |
| Bhutan | BT | Guadeloupe | GP | Mozambique | MZ | Sweden | SE |
| Bolivia, Plurinational State of | BO | Guam | GU | Myanmar | MM | Switzerland | CH |
| Bonaire, Sint Eustatius and Saba | BQ | Guatemala | GT | Namibia | NA | Syrian Arab Republic | SY |
| Bosnia and Herzegovina | BA | Guernsey | GG | Nauru | NR | Taiwan, Province of China | TW |
| Botswana | BW | Guinea | GN | Nepal | NP | Tajikistan | TJ |
| Bouvet Island | BV | Guinea-Bissau | GW | Netherlands | NL | Tanzania, United Republic of | TZ |
| Brazil | BR | Guyana | GY | New Caledonia | NC | Thailand | TH |
| British Indian Ocean Territory | IO | Haiti | HT | New Zealand | NZ | Timor-Leste | TL |
| Brunei Darussalam | BN | Heard Island and McDonald Islands | HM | Nicaragua | NI | Togo | TG |
| Bulgaria | BG | Holy See (Vatican City State) | VA | Niger | NE | Tokelau | TK |
| Burkina Faso | BF | Honduras | HN | Nigeria | NG | Tonga | TO |
| Burundi | BI | Hong Kong | HK | Niue | NU | Trinidad and Tobago | TT |
| Cabo Verde | CV | Hungary | HU | Norfolk Island | NF | Tunisia | TN |
| Cambodia | KH | Iceland | IS | Northern Mariana Islands | MP | Turkey | TR |
| Cameroon | CM | India | IN | Norway | NO | Turkmenistan | TM |
| Canada | CA | Indonesia | ID | Oman | OM | Turks and Caicos Islands | TC |
| Cayman Islands | KY | Iran, Islamic Republic of | IR | Pakistan | PK | Tuvalu | TV |
| Central African Republic | CF | Iraq | IQ | Palau | PW | Uganda | UG |
| | TD | Ireland | IE | Palestine, State of | PS | Ukraine | UA |
| | CL | Isle of Man | IM | Panama | PA | United Arab Emirates | AE |
| China | CN | Israel | IL | Papua New Guinea | PG | United Kingdom | GB |
| Christmas Island | CX | Italy | IT | Paraguay | PY | United States | US |
| Cocos (Keeling) Islands | CC | Jamaica | JM | Peru | PE | United States Minor Outlying Islands | UM |
| Colombia | CO | Japan | JP | Philippines | PH | Uruguay | UY |
| Comoros | KM | Jersey | JE | Pitcairn | PN | Uzbekistan | UZ |
| Congo | CG | Jordan | JO | Poland | PL | Vanuatu | VU |
| Congo, the Democratic Republic of | CD | Kazakhstan | KZ | Portugal | PT | Venezuela, Bolivarian Republic of | VE |
| Cook Islands | CK | Kenya | KE | Puerto Rico | PR | Viet Nam | VN |
| Costa Rica | CR | Kiribati | KI | Qatar | QA | Virgin Islands, British | VG |
| Cote d'Ivoire !Côte d'Ivoire | CI | Korea, Democratic People's Republic | KP | Reunion !Réunion | RE | Virgin Islands, U.S. | VI |
| Croatia | HR | Korea, Republic of | KR | Romania | RO | Wallis and Futuna | WF |
| | CU | Kuwait | KW | Russian Federation | RU | Western Sahara | EH |
| Curacao !Curaçao | CW | Kyrgyzstan | KG | Rwanda | RW | Yemen | YE |
| Cyprus | CY | Lao People's Democratic Republic | LA | Saint Barthelemy !Saint Barthélemy | BL | Zambia | ZM |
| Czech Republic | CZ | Latvia | LV | Saint Helena, Ascension and Tristan da Cunha | SH | Zimbabwe | ZW |
| Denmark | DK | Lebanon | LB | Saint Kitts and Nevis | KN | | |
| Djibouti | DJ | Lesotho | LS | Saint Lucia | LC | | |
| Dominica | DM | Liberia | LR | Saint Martin (French part) | MF | | |

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign/regional language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.

6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

F. IN CASE OF NON-INDIVIDUALS, ADDITIONAL DOCUMENTS TO BE OBTAINED FROM NON-INDIVIDUALS, OVER & ABOVE THE POI & POA, AS MENTIONED BELOW:

| Types of entity | Documentary Requirements |
|-------------------------|---|
| Corporate | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures. |
| Partnership Firm | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners. |

| | |
|--|---|
| Trust | <ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). • Copy of Trust deed. List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees. |
| HUF | <ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta. |
| Unincorporated association or a body of individuals | <ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures. |
| Banks/Institutional Investors | <ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures. |
| Foreign Institutional Investors (FII) | <ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures. |
| Army Government Bodies | <ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures. |
| Registered Society | <ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary. |

ADDITIONAL DOCUMENTS IN CASE OF TRADING IN DERIVATIVES SEGMENTS - ILLUSTRATIVE LIST :

| | |
|---|--|
| Copy of ITR Acknowledgement | Copy of Annual Accounts |
| In case of salary income - Salary Slip, Copy of Form 16 | Net Worth Certificate |
| Copy of Demat Account Holding Statement | Bank Account Statement for last 6 months |
| Any other relevant documents substantiating ownership of assets | Self declaration with relevant supporting documents. |

*In respect of other clients, documents as per risk management policy of the Company need to be provided by the client from time to time.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

Demat Proof: Demat master or recent holding statement issued by DP bearing name of the client.

In-person Verification:

For Individuals:

- Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
- In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

For Non Individuals : Form need to be initialed by all the authorized Signatories.

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

Acknowledgement No.

IDENTITY DETAILS

| | | | |
|----------------------------------|--|--|---|
| Name of the Applicant | | | PHOTOGRAPH Please affix your recent passport size photograph and sign across it |
| Date of Incorporation | | | |
| Place of Incorporation | | | |
| Date of commencement of business | | | |
| Permanent Account Number (PAN) | | | |
| Registration No. (e.g. CIN) | | | |
| Status (Please tick any one) | <input type="checkbox"/> Private Limited Co | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust | <input type="checkbox"/> Charities |
| | <input type="checkbox"/> NGO's | <input type="checkbox"/> FI | <input type="checkbox"/> FII |
| | <input type="checkbox"/> HUF | <input type="checkbox"/> AOP | <input type="checkbox"/> Bank |
| | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense Establishment |
| | <input type="checkbox"/> BOI | <input type="checkbox"/> Society | <input type="checkbox"/> LLP |
| | <input type="checkbox"/> Others (Please specify) | | |

ADDRESS DETAILS

| | | | |
|--|--|----------|--|
| Correspondence Address | | | |
| City / Town / Village | | Pin Code | |
| State | | Country | |
| Specify the Proof of Address submitted for Correspondence Address: | | | |

CONTACT DETAILS

| | | | |
|-----------------------|--|------------|--|
| Telephone (Office) | | Fax | |
| Telephone (Residence) | | Mobile No. | |
| E-Mail Id. | | | |

REGISTERED ADDRESS

(If different from above)

| | | | |
|---|--|----------|--|
| Registered Address | | | |
| City / Town / Village | | Pin Code | |
| State | | Country | |
| Specify the Proof of Address submitted for Registered Address | | | |


OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors, DIN of whole time directors, Aadhar No. of Promoters / Partners / Karta :
 Enclosed these details separately (illustrative format enclosed)

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 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.

Date

Name & Signature of the
 Director/Authorised Signatory(ies) 

FOR OFFICE USE ONLY

☐ Originals Verified & Self Attested Document copies received

Name & Signature of the Authorised Signatory

Seal/Stamp of the Intermediary

Date

Place

DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

| | | | |
|---|--|---|--|
| 1. Name | | PHOTOGRAPH Please affix your recent passport size photograph and sign across it | |
| 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) | | | |
| 3 a. PAN | | | |
| 3 b. DIN | | | |
| 3 c. Aadhar (UID) Number | | | |
| 4. Residential/ Registered Address | | | |
| City/Town/Village | | Pincode | |
| State | | Country | |

| | | | |
|---|--|---|--|
| 1. Name | | PHOTOGRAPH Please affix your recent passport size photograph and sign across it | |
| 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) | | | |
| 3 a. PAN | | | |
| 3 b. DIN | | | |
| 3 c. Aadhar (UID) Number | | | |
| 4. Residential/ Registered Address | | | |
| City/Town/Village | | Pincode | |
| State | | Country | |

| | | | |
|--|--|---------|---|
| 1. Name | | | PHOTOGRAPH Please affix your recent passport size photograph and sign across it |
| 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) | | | |
| 3 a. PAN | | | |
| 3 b. DIN | | | |
| 3 c. Aadhar (UID) Number | | | |
| 4. Residential/ Registered Address | | | |
| City/Town/Village | | Pincode | |
| State | | Country | |

| | | | |
|--|--|---------|---|
| 1. Name | | | PHOTOGRAPH Please affix your recent passport size photograph and sign across it |
| 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) | | | |
| 3 a. PAN | | | |
| 3 b. DIN | | | |
| 3 c. Aadhar (UID) Number | | | |
| 4. Residential/ Registered Address | | | |
| City/Town/Village | | Pincode | |
| State | | Country | |



Name & Signature of the Authorised Signatory (ies)

Date

**ADDITIONAL DETAILS FOR TRADING ACCOUNT
(FOR INDIVIDUALS & NON-INDIVIDUALS)**
A. BANK ACCOUNT(S) DETAILS

| Bank Name | Branch Address | Account Number | Account Type | MICR Number | IFSC Code |
|-----------|----------------|----------------|---|-------------|-----------|
| | | | <input type="checkbox"/> Saving <input type="checkbox"/> Current | | |
| | | | <input type="checkbox"/> Others - in case of NRI / NRE / NRO | | |

B. DEPOSITORY ACCOUNT(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 | | | |

Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

C. TRADING PREFERENCES

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Market Segment/s

| | | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> NSE Cash | <input checked="" type="checkbox"/> | <input type="checkbox"/> NSE F&O | <input checked="" type="checkbox"/> | <input type="checkbox"/> NSE CDS | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> BSE Cash | <input checked="" type="checkbox"/> | <input type="checkbox"/> BSE F&O | <input checked="" type="checkbox"/> | <input type="checkbox"/> BSE CDS | <input checked="" type="checkbox"/> |

#If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

D. FINANCIAL & OCCUPATION DETAILS

Gross Annual Income Details: Income Range per annum :

☐ 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 (Net worth should not be older than 1 year) Amount Rs
 as on (date).....(Compulsory for Non-Individuals)

Occupation (please tick any one and give brief details)

☐ Private Sector
 ☐ Public Sector
 ☐ Government Service
 ☐ Business
 ☐ Professional Agriculturist
☐ Retired
 ☐ Housewife
 ☐ Student
 ☐ Others _____

Please tick, if applicable (Note : In case of Non-individuals please tick, if applicable for any of your authorised signatories/ Promoters/Partners/Karta/Trustees/whole time directors) :

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

Any other information _____

E. 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/authorized persons in charge of dealing in securities during the last 3 years :

F. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

If client is dealing through the sub-broker, provide the following details:

| | | | | | |
|---------------------------|--|-----|--|---------|--|
| Sub-broker's Name | | | | | |
| SEBI Registration number | | | | | |
| Registered office address | | | | | |
| Phone | | Fax | | Website | |

Whether dealing with any other stock broker/sub-broker (in case dealing with multiple stock brokers/sub-brokers, provide details of all)

| | | | | | |
|------------------------------|--|----------|--|--|--|
| Name of stock broker | | | | | |
| Name of Sub-Broker, if any : | | | | | |
| Client Code | | Exchange | | | |

Details of disputes/dues pending from/to such stock broker/sub- broker :

G. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) : ☐ YES ☐ NO

Specify your Email id, if applicable

Whether you wish to avail of the facility of internet trading/ wireless technology (please specify) :

Number of years of Investment/Trading Experience :

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others:

| | | | |
|---|--|---|--|
| PHOTOGRAPH Sign across the Photograph | | PHOTOGRAPH Sign across the Photograph | |
| Name | | Name | |
| Designation | | Designation | |
| PAN | | PAN | |
| UID | | UID | |
| Residential Address | | Residential Address | |
| Signature | | Signature | |
| Any other information | | Any other information | |

H. INTRODUCER DETAILS (optional)

| | | | | | |
|---------------------------------------|------------|----------|--------------|-----------------|--------|
| Name of the introducer | | | | | |
| Status of the Introducer | Sub Broker | Remisier | Auth. Person | Existing Client | Others |
| Address and Ph. No. of the Introducer | | | | | |
| Sign. of the Introducer | | | | | |

I. NOMINATION DETAILS (for individuals only)

| | | | |
|--|---|--------------------------|--|
| I/We wish to nominate <input type="checkbox"/> | I/We do not wish to nominate <input type="checkbox"/> | | |
| Name of the Nominee | | | |
| Relationship with the Nominee | | | |
| PAN of Nominee | | Date of Birth of Nominee | |
| Address and Ph. No. of the Nominee | | | |
| If Nominee is a minor, details of guardian | | | |
| Name of the Guardian | | | |
| Address and Ph. No. of Guardian | | | |
| Sign. of Guardian | | | |

WITNESSES (Only applicable in case the account holder has made nomination)

| | | | |
|-----------|--|-----------|--|
| Name | | Name | |
| Signature | | Signature | |
| Address | | Address | |

DECLARATION

1. 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 am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker' designated website, if any.

Place _____

Date _____

Client Signature


FOR OFFICE USE ONLY

| | | | |
|---------------------------------|----------------------------------|-----------------------|--------------------------------|
| UCC Code allotted to the Client | | | |
| | Document verified with Originals | Client Interviewed By | In-Person Verification Done by |
| Name of the Employee | | | |
| Employee Code | | | |
| Designation of the Employee | | | |
| Date | | | |
| Signature | | | |

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Signature of the Authorised Signatory _____

Date _____

Seal / Stamp of the Stock Broker

ADDITIONAL DETAILS FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)

| IDENTITY DETAILS | | | |
|---------------------------|-----------------|-----------|--|
| Application No. | | | |
| DP Internal Reference No. | | | |
| DP ID | 12069700 | Client ID | |

| HOLDERS DETAILS | | | |
|--------------------------|--|-----|--|
| Sole/First Holder's Name | | PAN | |
| | | UID | |
| Second Holder's Name | | PAN | |
| | | UID | |
| Third Holder's Name | | PAN | |
| | | UID | |

| | |
|-------|--|
| Name* | |
|-------|--|

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

| TYPE OF ACCOUNT (Please tick whichever is applicable) | | | |
|---|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident | <input type="checkbox"/> Individual Director | <input type="checkbox"/> Individual Director's Relative |
| | <input type="checkbox"/> Individual HUF/AOP | <input type="checkbox"/> Individual Promoter | <input type="checkbox"/> Minor |
| | <input type="checkbox"/> Individual Margin Trading A/c (Mantra) | <input type="checkbox"/> Others (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"/> Others (Specify) | | |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National-Depository Receipts | |
| | <input type="checkbox"/> Others (Specify) | | |

| DETAILS OF GUARDIAN (in case the account holder is minor) | | | |
|---|--|-----|--|
| Guardian's Name | | PAN | |
| Relationship with the applicant | | | |

| | | | | | | |
|--|---|--------------------------------|---------------------------------|--------------------------------------|--|--|
| I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes') | | | | | [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Account Statement Requirement | As per SEBI Regulation <input type="checkbox"/> | Daily <input type="checkbox"/> | Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | Monthly <input type="checkbox"/> | |
| I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id_____ | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you wish to receive dividend/interest directly in to your bank account given below 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 | |

BANK DETAILS (Dividend Bank Details)

| | | | | | |
|--|--|----------------------------------|---|--|---------|
| Bank Code (9 digit MICR Code) | | | | | |
| IFS Code (11 Character) | | | | | |
| Account Number | | | | | |
| Account Type | Saving <input type="checkbox"/> | Current <input type="checkbox"/> | Others (specify) <input type="checkbox"/> | | |
| Bank Name | | | | | |
| Branch Name | | | | | |
| Bank Branch Address | | | | | |
| | City | | State | | Country |
| PIN | | | | | |
| <p>1. Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)</p> <p>2. Photocopy of the Bank Statement having name and address of the BO.</p> <p>3. Photocopy of the Passbook having name and address of the BO, (or)</p> <p>4. Letter from the Bank.</p> <p>In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.</p> | | | | | |
| SMS Alert Facility Refer to Terms & Conditions given as Annexure 2.4 | MOBILE No.: +91-..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option). | | | | |
| Easi | To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | | | | |

NOMINATION DETAILS

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor)
hereby declare that :

| | |
|----------------------|--|
| Nomination Regn. No. | |
| Date | |

☐ I/We **do not wish to nominate any one for this demat account.**

☐ I/We **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the my/our death.

| NOMINATION DETAILS | NOMINEE 1 | NOMINEE 2 | NOMINEE 3 |
|--------------------|-----------|-----------|-----------|
| Nominee Name | | | |
| First Name* | | | |
| Middle Name | | | |
| Last Name* | | | |
| Address* | | | |
| City* | | | |
| State* | | | |
| PIN* | | | |
| Country* | | | |
| Telephone No. | | | |
| Fax No. | | | |
| PAN No. | | | |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| UID | | | |
| Email ID | | | |
| Relationship with the BO* | | | |
| Date of Birth* (Mandatory if Nominee is a Minor) | | | |
| Name of the Guardian of Nominee (if the nominee is minor) | | | |
| First Name* | | | |
| Middle Name | | | |
| Last Name* | | | |
| Address of the Guardian of nominee* | | | |
| City* | | | |
| State* | | | |
| PIN* | | | |
| Country* | | | |
| Age | | | |
| Telephone No. | | | |
| Fax No. | | | |
| E-mail Id | | | |
| Relationship of the Guardian with the Nominee* | | | |
| Percentage of allocation of securities* | | | |
| *Fractional allocation of the securities if any (please tick the respective nominee, (any one) if tick not marked default will be First Nominee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note : The nominee residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

***Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Note : One Witness shall attest signature(s) / Thumb Impression(s).

| Details of the Witness | | |
|------------------------|--------------------|----------------------|
| Name of Witness | Address of Witness | Signature of Witness |
| | | |

I / We have received and read the Rights and 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.

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|-----------|---|---------------|--------------|
| Name | | | |
| Signature | | | |

(Signatures should be preferably in Black ink)

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR NON-INDIVIDUAL)

| IDENTITY DETAILS | | | |
|---------------------------|----------|-----------|--|
| Application No. | | | |
| DP Internal Reference No. | | | |
| DP ID | 12069700 | Client ID | |

| HOLDERS DETAILS | | | |
|--------------------------|--|-----|--|
| Sole/First Holder's Name | | PAN | |
| | | UID | |
| Second Holder's Name | | PAN | |
| | | UID | |
| Third Holder's Name | | PAN | |
| | | UID | |
| Search Name | | | |

| | |
|-------|--|
| Name* | |
|-------|--|

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be made applicable.

| TYPE OF ACCOUNT (Please tick whichever is applicable) | | | | | | |
|---|---------------------------------|---|--|---|------------------------------|--|
| Status | | | | | | Sub-Status (To be filled by the DP) |
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Banks | <input type="checkbox"/> Trust | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> OCB | <input type="checkbox"/> FII | |
| <input type="checkbox"/> CM | <input type="checkbox"/> FI | <input type="checkbox"/> Clearing House | <input type="checkbox"/> Other (Specify) | | | |
| SEBI Registration No. (if applicable) | | | | SEBI Registration Date | | |
| RBI Registration No. (if applicable) | | | | RBI Approval Date | | |
| ROC Registration No. (if applicable) | | | | ROC Registration Date | | |
| Nationality | <input type="checkbox"/> Indian | | | <input type="checkbox"/> Others (specify) | | |

| | |
|--|--|
| I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes') | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Statement Requirement | As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
| I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to receive dividend/interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CLEARING MEMBER DETAILS (To be filled by CMs only)


| | | | |
|--|--|-------------------|--|
| Name of Stock Exchange | | | |
| Name of CC / CH | | | |
| Clearing Member ID | | Trading Member ID | |
| Do you wish to receive dividend/interest directly in to your bank account given below 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 |

BANK DETAILS (Dividend Bank Details)

| | | | | | | | |
|---|---------------------------------|----------------------------------|---|--|---------|--|-----|
| Bank Code (9 digit MICR Code) | | | | | | | |
| IFS Code (11 Character) | | | | | | | |
| Account Number | | | | | | | |
| Account Type | Saving <input type="checkbox"/> | Current <input type="checkbox"/> | Others (specify) <input type="checkbox"/> | | | | |
| Bank Name | | | | | | | |
| Branch Name | | | | | | | |
| Bank Branch Address | | | | | | | |
| | City | | State | | Country | | PIN |
| 1. Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or) 2. Photocopy of the Bank Statement having name and address of the BO. 3. Photocopy of the Passbook having name and address of the BO, (or) 4. Letter from the Bank. In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document. | | | | | | | |

| | | |
|--|--|--|
| SMS Alert Facility Refer to Terms & Conditions given as Annexure 2.4 | MOBILE No.: +91-..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option). | |
| Easi | To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

I/We have read the Rights and Obligations of Beneficial Owner & DP 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.

| | First / Sole Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory |
|-------------|---|-----------------------------|----------------------------|
| Name | | | |
| Designation | | | |
| Signatures |  | | |

(Signatures should be preferably in black ink)

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

TARIFF SHEET
CAPITAL MARKET SEGMENT

| Brokerage Slab | Slab in % | Minimum per Share |
|----------------|-----------|-------------------|
| Delivery Based | | |
| Square Off | | |

F & O SEGMENT

| Brokerage Slab | Slab in % | Minimum per Share / Lot |
|----------------|-----------|-------------------------|
| Future | | |
| Options | | |

CURRENCY DERIVATIVES SEGMENT

| Brokerage | Slab in % | Minimum Brokerage per Lot |
|-----------|-----------|---------------------------|
| | | |

B. OTHER CHARGES

| Particular | Capital Market Segment | | Derivative Segment | | Currency Derivative Segment | |
|----------------------------|---|---------|--------------------|--------|-----------------------------|--------|
| Charges | Delivery | Jobbing | Futures | Option | Futures | Option |
| Stamp Duty & Other charges | | | | | | |
| Transaction Charges | Will be charged as per current applicable rate including any revisions in concern segments with respective exchanges. | | | | | |
| Service Tax | As per the provision of Service Tax Act 1994 and as amended from time to time | | | | | |
| STT | As per the provisions of STT Act and as amended from time to time | | | | | |
| Other Taxes | As may be applicable from time to time. | | | | | |

NOTE :

- Charges/service standards are subject to revision at sole discretion of Raghunandan Capital Pvt. Ltd.
- Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- Transaction & clearing charges, Stamp duty, Service tax, SEBI Fee, STT, and all legal levies as may be applicable from time to time shall be charged separately in addition to the brokerage.
- In case Diet ID has been provided to the client a ID Charge @ _____ % of turnover or Rs. _____/- per month per segment shall be charged extra.
- Penalty for delay in payment of settlement /margin obligation shall be charged 18% p.a. on daily outstanding balance till settled in full. Further a penalty shall be levied at the rate 18% p.a. computed on daily basis on the excessive intraday trading exposure.
- Minimum processing fees of Rs. 20/- will be charged for each day of trade.

I/We, _____
 have read the above given information and agree to pay the charges / levies mentioned above.



(Signature of Client)

LETTER FOR NSE MFSS / BSE STAR MF

From _____

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Dear Sir,

Sub: Mutual Fund Service System (MFSS) facility of NSE/BSE STAR MF

I / We am / are registered as your client with Client Code as mentioned below for the purpose of trading in the Capital Market Segment.

I / We am / are interested in availing the facility of the following Exchange for the purpose of dealing in the units of Mutual funds Scheme permitted to be dealt with.

NSE MFSS ☐ BSE STAR MF ☐

For the purpose of availing the facility, I / We state that Know Your Client details as submitted by me/us for the securities broking may be considered for this purpose and I / We further confirm that the details contained in same remain unchanged as on date.

I / We am / are willing to abide by the terms and conditions as mentioned in the Circular dated November 24, 2009 and as may be specified by the Exchange from time to time in this regard.

I / We shall also ensure compliance with the requirements as may be specified from time to time by the Securities and Exchange Board of India and/ or Association of Mutual Funds of India (AMFI).

I / We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I / we choose to subscribe / redeem. I / We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I / We therefore request you to register me/ us as your client for participating in the MFSS/ BSE STAR MF.

Terms and Conditions

1. The client shall be bound by circulars issued by NSEIL/ BSE, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
2. The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New MFSS/ BSE STAR MF or at any time thereafter.
3. The client shall submit to the Participant a completed application form in the manner prescribed format for the purpose of placing a subscription order with the Participant.
4. The client has read and understood the risks involved in investing in Mutual Fund Schemes.
5. The client shall be wholly responsible for all his investment decisions and instruction.
6. The client shall ensure continuous compliance with the requirements of the NSEIL, BSE, SEBI and AMFI.
7. The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
8. The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
9. In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL/ BSE or NSCCL/ ICCL
10. In case of any dispute between the Participants and the investors arising out of this facility, NSEIL/BSE and / or NSCCL/ ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

Thanking You.

Yours faithfully

Signature: 

Client Code: _____

Note: Signature required in case opted for NSE MFSS or BSE StAR MF on Trading Account details page

LETTER OF AUTHORISATION

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Sub : Letter of Authority - NSE / BSE

I/We am/are dealing in shares/securities with you at NSE/BSE/MSEI in various segments and in order to facilitate ease of operations. We authorize you as under :

1. Delivery of order/trade confirmation/cancellation :

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. Telephonic Conversation :

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

3. Adjustment of balance in Family Accounts :

| Sl. No. | Client Code of Family Members/Associates | Name of Family Members /Associates | Category | Name of Father / Spouse |
|---------|--|------------------------------------|----------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I/We authorize you to adjust the credit balance available in my account of any segment, against any settlement obligation / margin obligation / debit balance of any segment outstanding in the account of above mentioned family members or any other party or company with whom / in which I'm interested as the director (Name given below). I further understand that the above adjustment shall not be valid for monthly / quarterly settlement of accounts.

.....

.....

.....

4. Set off of outstanding:

I/We authorize you to set off outstanding in any of my / our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and / or against the value of cash margin or collateral shares provided to you by me / us. I further authorise you to debit the financial charges @ 1.5% per month of the outstanding debit balance, if any, in my account and not settled as per the exchange requirement.

5. Fines & Penalties :

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

Signature:  _____

6. Charges & Balance Maintenance :

I/We have a Trading As well as depository relationship with Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

7. Authority for intimation

I/ we shall authorise you to send SMS and email to registered email/ mobile no. in respect of my Trading and Demat account.

8. Facsimile Authorisation

During the operation of my trading I may be need to instruction on on Fax/Scan, so I authorise you to honor the instruction and orders send through Fax/Scan copy send by me/ us.

9. I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

For and On Behalf of Constituent

Thanking you,
Yours faithfully

Signature:  _____

Name: _____

To,
The Compliance Officer,
Raghunandan Capital Pvt. Ltd.

Date : _____

26/257 B, Near Ashish Palace, Sultan Ganj, Agra - 282004


Dear Sir,

In terms of SEBI Circular No. CIR/MIRSD/64/2016 dated July 12, 2016, I/We hereby request you to kindly provide the following documents either electronically or physically:

- 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);
- Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories;
- Uniform Risk Disclosure Documents (for all segments/ exchanges); and
- Guidance Note detailing Do's and Don'ts for trading on stock exchanges.
- Policies and Procedures as per SEBI Circular No. MIRSD/SE/CIR-19/2009 dated 03rd December, 2009

Accordingly, I wish to receive the abovesaid documents in the below mentioned manner:

☐ Electronically ☐ Physically

Signature:  _____

Client Name : _____

RUNNING ACCOUNT AUTHORISATION

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Sub : Running Account Authorisation

I/We are dealing through you as a client in Capital Market and/or Future & Options segment and/or Currency segment and/or Interest Rate Future segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under :

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
2. I/We request you to retain securities with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my funds and securities account except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt atleast ☐ Once in every calander quarter or ☐ Once in a calender month.
4. I/We hereby authorized you to retain funds/ securities against settlement/ margin obligation outstanding as on the date of settlement as computed in the manner and to the extent specified by the exchanges.
5. I/We hereby authorized you to Pledge securities / collaterals lying in my account with exchanges, clearing corporation, clearing member, banks or any other financial institutions to arrange fund for meeting debit balance lying in my account.
6. In addition to above, I/We further authorise you to further retain Rs. 10000/- or any such amount prescribed by SEBI/ Exchanges from time to time while settling the funds of my trading account The running account authorisation provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you

Yours faithfully,

Client Name : _____

Signature:  _____

Client Code : _____

ONLINE MARKETING AFFILIATE

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Dear Sir,

In addition to opening my/ our trading and DEMAT account, I/ we also wish to associate with you as an Online Marketing Affiliate.

I/ We hereby confirm you that-

1. I/ We have read the present Rules, Byelaws and Regulations of the Exchange & undertake to abide by them & any modifications/amendments thereof.
2. I/ We understand that the reward policy in the above said affiliate programme will be the same as updated on the website of the Company from time to time.
3. I/We understand that I/We are not supposed to induce the client under any influence, misrepresentation and false information merely for the purpose of generating the revenue.
4. I/ We ensure you that I/We will only make true and fair commitment to any prospective client of the company.
5. I/We understand that I/ We will be provided the online access through secured password and that will not be disseminated by me to any one and the leads will be inserted by me/us through the online back office provided to me/us by you.
6. I acknowledge the fact the Company reserves the right to accept or reject the client referred by me and I will be bound by it.

Client Signature :  _____

Client Name : _____

AUTHORISATION FOR ELECTRONIC CONTRACT NOTES

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

I/We have been/shall be dealing through you as may/our broker on the Capital Market Segment and/or F&O Segment and/or Currency Derivatives Segment and/or Interest Rate Futures Segments. As my/our broker i.e. agent I/We direct and authorize you to carry out trading/dealings on my/our behalf as per instructions given below.

I/We understand that, I/We have the option to receive the contract notes/financial ledger/security ledger/margin statement and other documents in physical form or electronic form. In pursuance of the same, I/We hereby opt to receive contract notes/financial ledger/security ledger/margin statement and other documents in electronic form. I/We understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the contract notes/financial ledger/security ledger/margin statement and other documents. Accordingly, please take the following email account(s)/email id on your record for sending the contract notes to me/us.

1. _____

2. _____

I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s)/ email id(s).

I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us.

I/We understand that I/we am/are required to intimate any change in the email id/email account mentioned herein above needs to be communicated by me/us through a physical letter to you, provided however that if I/We am/are an internet client then in that event the request for change in email id/email account can be made by me/us through a secured access using client specific user id and password.

Please treat this authorization as written ratification of my/our verbal directions/authorizations given and carried out by you earlier.

I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.

This authorisation is voluntary & can be revoked at any time by giving notice in writing.

Thanking you,

Yours faithfully

Client Signature :  _____

Client Name : _____

DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF

To,

Raghunandan Capital (P) Ltd.

Dated _____

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

I, _____ s/o., w/o., d/o _____

_____, refer to my Trading and Demat Account _____

with Raghunandan Capital Pvt. Ltd. (RCPL) do hereby affirm, declare and undertake that

1. That my name as it appears on my trading account is _____
2. That my name as it appears on my demat account is _____
3. That my name as it appears on the Income Tax website is _____
4. That my name as it appears on the Address proof is _____
5. That my name as it appears on my Pan Card is _____
6. That my name as it appears on the Bank Proof is _____
7. That above mentioned names, on Trading account, Demat account, Income Tax website, Address proof, PAN Card No. _____ and Bank account bearing no. _____ are mine alone.
8. That I hereby request RCPL to maintain my name in Demat and trading account as per the name appearing on the income tax website/ PAN Card.
9. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within 45 days from the date of signing this undertaking. RCPL may, at its sole discretions, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
10. That I further undertake to open a bank account in accordance with the name as appearing on the income tax website within a week from the date of signing this undertaking.
11. I further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to RCPL.
12. That I further declare that I am responsible and I shall indemnify & keep indemnified RCPL, its directors, officers, employees, agents from and against any all losses, claims liabilities, obligations, damages, deficiencies, judgments, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum-undertaking and/or acting on this basis.

That the contents of this declaration, indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That the declaration, indemnity-cum-undertaking given by me to RCPL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.

Client Signature :  _____

Client Name : _____

RaghuNandan Capital Pvt. Ltd.

(Depository Participant - CDSL) DPID : 12069700, DP SEBI Regn. No. IN-DP-213-2016

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

Terms & Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise.

Fees, Charges and deposits

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Tower, Dalal Street, Fort, Mumbai-400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. 'Alerts' means a customized SMS sent to the BO over the said mobile phone number.
6. 'Service Provider' means a cellular service provider(s) with whom the depository has entered/will be entering into an arrangement for providing the SMS alerts to the BO.
7. 'Service' means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his/her request and at the discretion of the depository. The service will be available to those account holders who have provided their mobile numbers to the depository through their DP. The service may be discontinued for a specific period/indefinite period with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository.
In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the services depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of BO observes any error in the information provided in the alert, the BO shall inform the depository and/or the DP immediately in writing and the depository will make best possible efforts to rectify the errors as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO an account to avail SMS alerts facility.
5. The BO authorized the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.

9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to change such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer :

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warrant the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository will not be liable for any unauthorized use or access to the information and/or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by an third person.

Liability and Indemnity :

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, changes and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of or interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments :

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction :

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purpose of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/we further undertake to pay fee/charges as may be levied by the depository from time to time.

I/We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

| | |
|---|-----------------|
| DP ID | 12069700 |
| BO Id | |
| Sole/First Holder's Name | |
| Second Holder's Name | |
| Third Holder's Name | |
| Mobile No. on which messages are to be sent (Please write only the mobile number without prefixing country code or zero) | |
| The Mobile Number is registered in the name of E-mail Id | |
| (Please write only ONE valid Email Id on which communication; if any, is to be sent) | |



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

IN CASE OF JOINT HOLDING, ALL JOINT HOLDERS MUST SIGN.

***Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).**

Place : Agra

Date : ____ / ____ / 20____

POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

(To be printed on Non- Judicial Stamp Paper Rs. 100/-)

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE _____
 (name of the BO), India, Indian inhabitant SEND GREETINGS.

Whereas I hold a Beneficiary account no. _____ (BO-ID) with Central Depository Services (India) Limited, through Raghu

And whereas I am an investor engaged in buying and selling of securities through Raghu

And whereas due to exigency and paucity of time, I am desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my behalf for a limited purpose in the hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I THE ABOVE NAMED DO HEREBY NOMINATE, CONSTITUTE / AND APPOINT Raghu

Depository Participant to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the clearing house of the recognized stock exchange toward any segment in respect of securities sold by me through them.

1. This Authority is restricted to the settlement / margin obligation arising out of the transactions effected by me through Raghu

| Sl. No. | CDSL ACCOUNT DETAIL | | NSDL ACCOUNT DETAILS |
|---------|---------------------|-----------------------------------|----------------------|
| | DP ID | Client ID | CM BP ID |
| 1. | 12069700 | 00000037 (NSE Pool A/c) | IN515899 (NSE POOL) |
| 2. | 12069700 | 00000056 (BSE Pay-In A/c) | IN661124 (BSE POOL) |
| 3. | 12069700 | 00000081 (Client Beneficiary A/c) | |
| 4. | 12069700 | 00000022 (Client Margin A/c) | |

Of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker.

2. To issue instructions to the said Depository participant of transfer and or pledge the securities in my/our above mentioned BO account(s) for the limited purpose of meeting my/our margin requirements in connection with the trade executed by me/ us on the relevant exchanges through Raghu
3. To apply and sign any documents for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc. as per my/our behalf.
4. To send the client consolidated summary of client's scriptwise buy & sell positions taken with average rates by way of SMS/e-mail on daily basis.
5. I/We agree that Raghu

I further agree and confirm that the powers and authorities conferred by this power of Attorney shall continue until I have given to the Depository Participant notice in writing to the contrary and the said revocation shall be effective from the date and time of receipt of said notice at the corporate office 26/257 B, Sultanganj, Near Ashish Palace, Agra (Uttar Pradesh) of depository participants.

SIGNED AND DELIVERED by



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

Signature of Third Holder

Signature of Second Holder

Signature of Sole/First Holder

| IN THE PRESENCE OF | | |
|--------------------|-------------|-----------|
| Client ID | Client Code | Mobile No |
| | | |

| Signature of Co-parceners in case of HUF Account | | | |
|--|----------------------|---------------|---------------------------|
| S.No. | Name of Co-parceners | Date of Birth | Signature of Co-parceners |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| WITNESSES | | |
|-----------|-----------|--|
| 1. | Signature | |
| | Name | |
| | Address | |
| 2. | Signature | |
| | Name | |
| | Address | |

We accept the above the Power Attorney

For and behalf of

Raghunandan Capital Pvt. Ltd.
(Depository Participant - CDSL) DPID : 12069700, DP SEBI Regn. No. IN-DP-213-2016

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

Schedule for DP Service charges for normal Demat A/c w.e.f. 1st July 2015
SCHEDULE - A

| S.No. | SCHEME | SCHEME - A Rs. 599/- Non Refundable (for Life Time) | SCHEME -B-LF | SCHEME - C |
|-------|--|--|---|--|
| 1. | Account Opening Charges | NIL | NIL | NIL |
| 2. | Account Maintenance Charges | Rs. 299/- per annum | NIL | Rs. 899/- p.a. |
| 3. | Dematerialisation Charges | Rs. 20/- Per DRF plus Rs. 3/- per Certificate | Rs. 20/- Per DRF plus Rs. 3/- per Certificate | Rs. 20/- Per DRF plus Rs. 3/- per Certificate |
| 4. | Rematerialisation Charges | Rs. 20/- per every 100 securities or part thereof, or a flat fee of Rs. 20/- per certificate whichever is higher will be payable. | Rs. 20/- per every 100 securities or part thereof, or a flat fee of Rs. 20/- per certificate whichever is higher will be payable. | Rs. 20/- per every 100 securities or part thereof, or a flat fee of Rs. 20/- per certificate whichever is higher will be payable. |
| 5. | Custody | NIL | NIL | NIL |
| 6. | Intra DP charges per Instruction | Rs. 12/- | Rs. 10/- | Free of Cost |
| 7. | Inter DP charges per Instruction | Rs. 20/- or .02% of the transaction value whichever is higher | Rs. 18/- or .02% of the transaction value whichever is higher | Rs. 15/- or .02% of the transaction value whichever is higher |
| 8. | Pledge charges (per Transaction) Creation Invocation / Closure | Rs. 25/- | Rs. 25/- | Rs. 25/- |

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

1. Instruction Booklet : Rs. 20/- Containing 5 Leaves.
2. Failed Instruction Intimation : Rs. 20/- per intimation per instruction.
3. Additional Statement of Holding/Transaction : Rs. 2/- per Page + Postage
4. Non periodic statement & other communications shall be charged @ Rs. 20/- per mail.
5. Charges are subject to revision at Depository Participant's sole discretion by giving 30 days notice.
6. In case of demat rejection postage shall be charged @ Rs. 30/- for dispatch to the client for removal of objection.
7. Any other services not specified above shall be charged extra.
8. Service Tax will be charged extra as per regulation.
9. Any Modification in client master will be charged @ Rs. 20/- per modification.
10. All the charges are payable on monthly basis under scheme A and under all other schemes all charges are payable upfront.
11. Raghunandan Capital Pvt. Ltd. may suspend/freeze the depository services of the account holder on non payment of outstanding bill till the outstanding DP service Charges is received.
12. For Corporate A/c's additional Rs. 500/- will be charged per annum towards CDSL AMC in all the scheme.

Note : Rs. 100/- POA stamp paper charges are included with upfront charges in all schemes.

 Schemed Opted : ☐ Scheme - A ☐ Scheme - B-LF ☐ Scheme - C


Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

Raghunandan Capital Pvt. Ltd.

(Depository Participant - CDSL) DPID : 12069700, DP SEBI Regn. No. IN-DP-213-2016

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

**Schedule for DP Service charges for Basic Service Demat A/c w.e.f. 1st Oct. 2012
 (Only for Individual) SCHEDULE - A**

| S.No. | SCHEME | BSDA SCHEME - A (Holding value upto Rs. 50,000/-) | BSDA SCHEME - B (Holding value from Rs. 50,001/- to Rs. 2,00,000/-) |
|-------|---|--|--|
| 1. | Account Opening Charges | NIL | NIL |
| 2. | Account Maintenance Charges | NIL | Rs. 100/- p.a. |
| 3. | Dematerialisation Charges | Rs. 20/- Per DRF plus Rs. 3/- per Certificate | Rs. 20/- Per DRF plus Rs. 3/- per Certificate |
| 4. | Rematerialisation Charges | Rs. 20/- per every 100 securities or part thereof, or a flat fee of Rs. 20/- per certificate whichever is higher will be payable. | Rs. 20/- per every 100 securities or part thereof, or a flat fee of Rs. 20/- per certificate whichever is higher will be payable. |
| 5. | Custody | NIL | NIL |
| 6. | Intra DP charges per Instruction | Rs. 30/- or .02% of the transaction value whichever is higher | Rs. 30/- or .02% of the transaction value whichever is higher |
| 7. | Inter DP charges per Instruction | Rs. 30/- or .02% of the transaction value whichever is higher | Rs. 30/- or .02% of the transaction value whichever is higher |
| 8. | Pledge charges (per Transaction) Creation Invocation / Closure | Rs. 25/- | Rs. 25/- |

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

1. Instruction Booklet : Rs. 20/- Containing 5 Leaves.
2. Failed Instruction Intimation : Rs. 20/- per intimation per instruction.
3. Additional Statement of Holding/Transaction : Rs. 25/- per instance
4. Non periodic statement & other communications shall be charged @ Rs. 20/- per mail.
5. Charges are subject to revision at Depository Participant's sole discretion by giving 30 days notice.
6. In case of demat rejection postage shall be charged @ Rs. 30/- for dispatch to the client for removal of objection.
7. Any other services not specified above shall be charged extra.
8. Service Tax will be charged extra as per regulation.
9. Any Modification in client master will be charged @ Rs. 20/- per modification.
10. Raghu
11. Rs. 100/- POA stamp paper charges will be applicable in all schemes.

Special Conditions for BSDA :

1. An Individual has only one demat A/c across all the depositories.
2. In case the value of security exceed two lacs the A/c will be automatically converted into normal demat a/c and scheme B of normal tariff sheet will be applicable.

 Schemed Opted : ☐ BSDA Scheme - A ☐ BSDA Scheme - B


Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

FATCA & CRS Declaration - Non Individual

| | | | |
|---------|--|--------------|--|
| Name | | Trading Code | |
| DP Code | | PAN | |

Please tick the applicable tax resident declaration

Is "Entity" a tax resident of any country other than India

☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

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

In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

| | | | |
|----|---|---|--|
| 1. | We are a, Financial institution (Refer 1 of Part C) or <input type="checkbox"/> | GIIN | |
| | Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate) <input type="checkbox"/> | Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ | |
| | GIIN not available (please tick as applicable) | <input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/> (Refer 1 A of Part C) | |
| | | | |

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

| | | |
|----|--|---|
| 1. | Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C) | Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange_____ |
| 2. | Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C) | Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company_____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange_____ |
| 3. | Is the Entity an active NFE (Refer 2c of Part C) | Yes <input type="checkbox"/> Nature of Business_____ Please specify the sub-category of Active NFE O (Mention code – refer 2c of Part C) |
| 4. | Is the Entity a passiveNFE (Refer 3(ii) of Part C) | Yes <input type="checkbox"/> Nature of Business_____ |

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

| | | | |
|-------------------------|------------------|---------------------------------------|--|
| Unlisted Company | Partnership Firm | Limited Liability Partnership Company | Unincorporated association / body of individuals |
| Public Charitable Trust | Religious Trust | Private Trust | Others (please specify) _____ |

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

| Details | | UBO1 | UBO2 | UBO3 |
|--------------------------------------|--|--|--|------|
| Name of UBO | | | | |
| UBO Code (Refer 3(iv) (A) of Part C) | | | | |
| Country of Tax residency* | | | | |
| PAN # | | | | |
| Address | ZIP | | | |
| | 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 | | | | |
| Percentage of Holding (%) \$ | | | | |

* To include US, where controlling person is a US citizen or green card holder

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.

% In case Tax Identification Number is not available, kindly provide functional equivalent

\$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I/We have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FACTA & CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/we hereby agree and confirm to inform Raghunandan Capital Pvt. Ltd. for any modification to this information promptly.

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

| | |
|-------------|--|
| Name | |
| Designation | |



Client Signature

Date

Place

For Investor convenience, Raghunandan Capital Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Raghunandan Capital Pvt. Ltd. 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 Raghunandan Capital Pvt. Ltd. branch or you can dispatch the hard copy to-

Raghunandan Capital Pvt. Ltd.

26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

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

DECLARATION BY SALES PERSON / AUTHORISED PERSON

To, Dated _____
Raghunandan Capital (P) Ltd.
Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009
Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004

Dear Sir,
This is in reference to the trading & Demat account under consideration in the name of _____
R/o _____

I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC with original, which is enclosed with account opening form & I also certify that client has signed and executed the form, stamp papers with enclosures in my presence.

The following KYC documents are checked and verified from the original documents :

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Date of verification of documents :

The above statement is true and correct and made under my own free mind without any coercion, misrepresentation or fraud.

| | | |
|-----------------------------|---|---------------------------------------|
| _____ Name of the person |  _____ Signature | _____ Employee / Authorised person |
|-----------------------------|---|---------------------------------------|



UMRN

Date

DDMMYYYY

Tick (✓)

CREATE

MODIFY

CANCEL

I/We hereby authorize

Raghunandan Capital Pvt. Ltd.

to debit (tick✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY

☐ Mthly

☐ Qtly

☐ H-Yrly

☐ Yrly

☐ As & when presented

DEBIT TYPE

☐ Fixed Amount

☐ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

DDMMYYYY

To

DDMMYYYY

Or

☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where i have authorized the debit.
- I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).



UMRN

Date

DDMMYYYY

Tick (✓)

CREATE

MODIFY

CANCEL

I/We hereby authorize

Raghunandan Capital Pvt. Ltd.

to debit (tick✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY

☐ Mthly

☐ Qtly

☐ H-Yrly

☐ Yrly

☐ As & when presented

DEBIT TYPE

☐ Fixed Amount

☐ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

DDMMYYYY

To

DDMMYYYY

Or

☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where i have authorized the debit.
- I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).



Raghunandan Capital Pvt. Ltd.
(Depository Participant - CDSL) DPID : 12069700, DP SEBI Regn. No. IN-DP-213-2016

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

ACKNOWLEDGEMENT RECEIPT

We hereby acknowledge the receipt of the Account opening application form


| | |
|-------------------------------|--|
| Name of the Sole/First Holder | |
| Name of the Second Holder | |
| Name of the Third Holder | |

(Depository Participant Seal and Signature)

DIS DECLARATION

Dear Sir,

I/We is having a Demat Account 12069700_____with you, I / we have given a Power of Attorney in favor of your Broking Division, I / we therefore request you not to issue Delivery Instruction Slip (DIS) Booklet. However we will make separate request for the DIS Booklet, if needed in future.

| First / Sole Holder Signature | Second Joint Holder Signature | Third Joint Holder Signature |
|--|-------------------------------|------------------------------|
|  | | |

ACKNOWLEDGEMENT LETTER

To,

Raghunandan Capital (P) Ltd.

Regd. Office : Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior-474009

Corp. Office : 26/257B, Sultanganj, Near Ashish Palace, Agra-282004


Dated _____

Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We further have noted that Raghunandan Capital Pvt. Ltd. is doing Proprietary Trading in addition to Client's Trading.
7. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

| First / Sole Holder Signature | Second Joint Holder Signature | Third Joint Holder Signature |
|--|-------------------------------|------------------------------|
|  | | |

FACT SHEET

| AUTHORISED PERSON CLIENT DETAILS | | |
|----------------------------------|------|-----------|
| Name | Code | Signature |
| | | |

| CLIENT MAPPING DETAILS | |
|-------------------------|---------------------------------|
| Name of Sales Executive | Mapping Code of Sales Executive |
| | |

Raghunandan
Money 
investment khushiyon ka

*Your way to happiness
through our wide range of offerings*



Equity



Insurance



Bonds



Commodities



IPO



Postal Savings Scheme



Derivatives



Advisory



E-insurance Account



Currency



PAN Services



NPS



Mutual Funds



Depository Services



Corporate FDRs

RAGHUNANDAN CAPITAL (P) LTD

Member: NSE & BSE

SEBI Regn. No.: NSE - INB/INF/INE 231317638 | BSE - INB/INF/INE 011317634

Depository participant: CDSL

SEBI Regn. No.: IN-DP-213-2016, DP ID: 12069700

Regd. Office: Udaygiri Bhaskar Lane, Jayendra Ganj, Gwalior, Madhya Pradesh - 474009

Corp. Office: 26/257B, Near Ashish Palace, Sultan Ganj, Agra, Uttar Pradesh - 282004

Customer Care No.: 0562-4266600, 9568654321

CTD No.: 0562-4266666, 9690123456 | Fax: 0562-2526550

E-mail : askus@rmoneyindia.com | www.rmoneyindia.com