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in the form of prosperity



Raghunandan Capital Pvt. Ltd

EXCHANGE/DEPOSITORY	SEGMENT	MEMBER ID	SEBI REGISTRATION NO.
NSE	CASH, F&O, CDS, COMMODITY	13176	INZ000183532
BSE	CASH, F&O, CDS, COMMODITY	6112	INZ000183532
MCX	F&O	56835	INZ000183532
NCDEX	F&O	1269	INZ000183532
ICEX	F&O	2097	INZ000183532
CDSL		69700	IN-DP-213-2016

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CLEARING MEMBER DETAILS

EXCHANGE	SEGMENT	CLEARING MEMBER NAME	CLEARING CODE	SEBI REGISTRATION NO.
NSE	CASH, F&O, CDS, COMMODITY	GLOBE CAPITAL MARKET LTD.	6637	INZ000177137
BSE	CASH, F&O, CDS, COMMODITY	GLOBE CAPITAL MARKET LTD.	3179	INZ000177137
MCX	F&O	GLOBE CAPITAL MARKET LTD.	8090	INZ000177137
NCDEX	F&O	GLOBE CAPITAL MARKET LTD.	1287	INZ000177137
ICEX	F&O	GLOBE COMMODITIES LTD.	2084	INZ000177137

609, Ansal Bhawan, 16, Kasturba Gandhi Marg, New Delhi-110001
 Tel.: 011-30412345

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4.	Risk Disclosure Document (RDD)	Documents detailing Risk associated with dealing in the Securities Market.		
5.	Guidance Note	Document detailing Do's & Don'ts for Trading on exchange, for the education for the investors.		
6.	Policies & Procedures	Documents describing significant policies and procedures of the stock broker (to be added by the stock broker)		
7.	Rights and Obligations of BO and Depository Participant	Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.		
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3.	HUF Declaration	Declaration to be given by HUF coparceners for opening trading and DP account on the name of Karta/HUF.
4.	Board Resolution Format	Board Resolution to be given by company on their letterhead to open trading, DP account and appointing authorized signatories.
5.	Banker's Verification Format	Letter to be provided by investor on Bank's Letter Head for verification of signature.
6.	Disclosure for Derivative/ Financial	Declaration to be provided by investor to enable F & O Trading with relevant income proof.
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.rmoneyindia.com under download section.

CONTACT DETAIL FOR INVESTOR GRIEVANCES

For any grievance/dispute please mail us at askus@rmoneyindia.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	18002660058
Bombay Stock Exchange Ltd.	iscdelhi@bseindia.com	011-43007413
Central Depository Services (India) Ltd.	complaints@cdslindia.com	022-22723333
Multi Commodity Exchange of India Ltd.	grievance@mcxindia.com	022-67318888
National Commodity & Derivative Exchange Ltd.	ig@ncdex.com	022-66406789
Indian Commodity Exchange	grievance@icexindia.com	022-40381554

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

Important Instructions:


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

For office use only <i>(To be filled by financial institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number	<input style="width: 100%;" type="text"/> <i>(Mandatory for KYC update request)</i>
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small

1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input style="width: 100%;" type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Marital Status*				
Citizenship*				
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

PHOTO



Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

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

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

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

4. PROOF OF ADDRESS (PoA)*

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

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others *please specify*

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

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

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')
Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

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

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details
Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

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

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

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

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

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

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

7. REMARKS (If any)

8. APPLICANT DECLARATION

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



[Signature / Thumb Impression]

Date : -- Place :

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

INSTITUTION DETAILS
Name **Raghunandan Capital Pvt. Ltd.**
Code **IN0088**

[Employee Signature]

[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 [PoI]' 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 undernoted 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 PoI does not have an address or address as per PoI 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 undernoted 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 [PoI] 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
Aland 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
		Ireland	IE	Palestine, State of	PS	Ukraine	UA
		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
Cuba	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:

- (i) 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.
- (ii) 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		
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-in case of NRI / NRE / NRO		

Provide a copy of cancelled cheque leaf/pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the Bank.

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)			
Raghu	nandan Capital Pvt. Ltd.	<input type="checkbox"/> NSDL <input checked="" type="checkbox"/> CDSL	1	2	0	6	9	7	0	0				
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL													

Provide a copy of either Demat Client 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 type="checkbox"/> NSE F&O 	<input type="checkbox"/> NSE CDS 	<input type="checkbox"/> NSE Commodity 
<input type="checkbox"/> BSE Cash 	<input type="checkbox"/> BSE F&O 	<input type="checkbox"/> BSE CDS 	<input type="checkbox"/> BSE Commodity 
<input type="checkbox"/> MCX 	<input type="checkbox"/> NCDEX 	<input type="checkbox"/> ICEX 	

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).....

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 _____

Family Code Group (if any) _____

CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS

Note : According to SEBI Circular No. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 and the circular of Recognized Stock Exchange having Commodity Derivative Segment.

Please select exchange :

NSE Commodity
 BSE Commodity
 MCX
 NCDEX
 ICEX
 All Segment

Please select categories and product type :

Categories	Product Types				
<input type="checkbox"/> Farmer / FPOs	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Value Chain Participants (VCPs)	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Foreign Participant	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Domestic Financial Institutional Investor	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All
<input type="checkbox"/> Other (Specify	<input type="checkbox"/> Bullions	<input type="checkbox"/> Base Metal	<input type="checkbox"/> Energy	<input type="checkbox"/> Agri Commodities	<input type="checkbox"/> All

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change 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.

Client Name

Client Signature

Enclosure : Copy of PAN Card

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 <input type="checkbox"/>	Remisier <input type="checkbox"/>	Auth. Person <input type="checkbox"/>	Existing Client <input type="checkbox"/>	Others <input type="checkbox"/>
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.
4. I am hereby submitting self certified blackout copy of Aadhar with my due consent for opening the above said account associated to my investment with Raghunandan capital Pvt. Ltd

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.		Date							
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
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (if not marked, the default option would be 'No')	<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
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
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).			
Transaction Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
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 :

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 Regn. No.	
Date	

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 Ref. 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')

[Automatic Credit]

 Yes No

I/We would like to instruct the DP to accept all the pledge instructions in my/our
account without any other further instruction from my/our end
(if not marked, the default option would be 'No')

 Yes No

Account Statement Requirement As per SEBI Regulation Daily Weekly Fortnightly Monthly

I/We request you to send Electronic Transaction-cum-Holding Statement at the
email Id _____

 Yes No

I/We would like to share the email ID with the RTA

 Yes No

I/We would like to receive the Annual Report Physical Electronic Both Physical and Electronic
(Tick the applicable box. If not marked the default option would be in Physical)

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')

 Yes No

[ECS is mandatory for locations notified by SEBI from time to time]

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).		
Transaction Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST	
	Stock Exchange Name/ID	Clearing Member Name
		Clearing Member ID (Optional)
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		
Intra day		

F & O SEGMENT

Brokerage Slab	Slab in %	Delivery	Minimum per Lot
Future			
Options			

CURRENCY DERIVATIVES SEGMENT

Brokerage	Slab in %	Minimum Brokerage per Lot
Future		
Options		

COMMODITY SEGMENT

Brokerage Slab	Slab in %	Physical Delivery	Minimum per Lot
Future			
Options			

B. OTHER CHARGES

Particular	Capital Market Segment		Derivative Segment		Currency Derivative Segment		Commodity Segment	
	Delivery	Jobbing	Futures	Option	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.							
GST	As per the provision of Central Goods & Service Tax Act, 2017 and as amended from time to time							
STT	As per the provisions of STT Act and as amended from time to time							
CTT	As per the provisions of CTT Act and as amended from time to time							
Other Taxes	As may be applicable from time to time.							

NOTE :

1. Charges/service standards are subject to revision at sole discretion of Raghunandan Capital Pvt. Ltd.
2. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
3. Transaction & clearing charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may be applicable from time to time shall be charged separately in addition to the brokerage.
4. 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.
5. 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.
6. Minimum processing fees of Rs. 20/- will be charged for each day of trade.
7. For futures and options delivery bases trades, a minimum of Rs. 0.5% will be charged on physical value of delivery contract.
8. All fines, penalties & charges paid on transactions done by the Client / Acts and deeds of the clients shall be recovered as per actual.

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.

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

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

Dated _____

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

I/We am/are dealing in shares/securities/commodities with you in various exchange 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. 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 @ 18% per annum of the outstanding debit balance, if any, in my account and not settled as per the exchange requirement.

4. Charges & Balance Maintenance :

I/We have a Trading As well as depository relationship with Raghunandan Capital Pvt. Ltd. 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.

5. 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.

6. Facsimile Authorisation

During the operation of my trading I may require to place order instructions through Fax/Scan, I therefore authorise you to honor the instruction and orders send through Fax/Scan copy send by me/ us.

Signature:  _____

7. Pro Trading Intimation :


I/We have been informed that RCPL is doing Pro trading in addition to trading for clients.

- 8.** 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,

Raghunandan Capital Pvt. Ltd.

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

Date : _____

Dear Sir,

In terms of SEBI Circular No. CIR/MIRSD/64/2016 dated July 12, 2016, I/We have the option of receiving the following documents either electronically or physically:

- a. 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);
- b. Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories;
- c. Uniform Risk Disclosure Documents (for all segments/ exchanges); and
- d. Guidance Note detailing Do's and Don'ts for trading on stock exchanges.
- e. 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 and/or Commodity Future and Options 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 settle my fund and release excess securities if any held in "Client Collateral/Collateral" account along with the funds' settlement after making necessary retention as per frequency option given below :

Once in a calendar Month Once in every calendar Quarter

except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

3. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds and securities towards my settlement / margin obligations and may also retain the fund expected to be required to meet margin obligation for next 5 trading days, calculated in the manner specified by the exchanges.
4. I/We confirm you that I/We shall bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
5. I / we hereby agree and understand that all accounts with credit balances of Rs. 10000/- or lesser shall automatically be retained and no transfer of funds to the bank account shall be made as specified in SEBI circular MIRSD/SE/Cir-19/2009 & Exchange Circular Nos. NSE/INSP/24849 & 20091204-7.
6. This Running account authorization would continue until it is revoked by me by giving a notice in writing.

Thanking you

Yours faithfully,

Client Name : _____

Signature:  _____

Client Code : _____

ONLINE MARKETING AFFILIATE

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,

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 : _____

**ELECTRONIC CONTRACT NOTE (ECN) DECLARATION
 APPENDIX - A**

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,

 I, _____ a client with Member M/s. _____
 of _____ Exchange undertake as follows:

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

[The above declaration has been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same]

(The above lines must be reproduced in own handwriting of the client.)

Client Name			
Unique Client Code			
PAN			
Address			
Signature of the Client			
Date		Place	
Verification of the client signature done by, Name of the designated officer of the Member			
Signature		Date	

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

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 _____

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 my name as it appears on my Aadhaar Card is _____
8. That above mentioned names, on Trading account, Demat account, Income Tax website, Address proof, Aadhaar, PAN Card No. _____ and Bank account bearing no. _____ are mine alone.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.

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.

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 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.

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	
(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_____

AUTHORISATION FOR PLEDGE OF SECURITIES

To,

Dated _____

The Manager**Raghunandan Capital (P) Ltd.**

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

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

Authorisation for Deposit / Pledge of securities with Stock Exchange / Clearing Corporation / Clearing House / Clearing Member against Margin Obligation

As stipulated in the SEBI Circular No. CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated 20-06-2019, the Stock brokers are allowed to maintain following demat accounts only namely;

- i. 'Pool account' (including 'Early Pay-in')
- ii. 'Client Margin Trading Securities account' and
- iii 'Client collateral account'.

Accordingly, the securities / collaterals to be given as margin shall be transferred to "Client Collateral Account" maintained by the Trading Member (TM) and the TM may pledge / deposit these securities / collaterals to the Clearing Member (CM) / Clearing Corporation (CC) / Stock Exchange against my / our margin obligations.

For this purpose I / We hereby agree and authorise:-

1. The Trading Member / Clearing Member to pledge / deposit securities / collaterals provided against margin by me to the Clearing Member / Clearing Corporation / Stock Exchange.
2. The Trading Member / Clearing member to exercise first priority lien on the securities / collaterals so deposited / pledged
3. The Trading Member / Clearing Member / Clearing Corporation / Stock Exchange to invoke pledge without any prior reference to or permission and upon receipt of said securities, utilise same in the manner as deemed fit In case of my / our unpaid margin / settlement obligation.
4. The Trading Member / Clearing Member to do all such act and things and sign all such documents and deeds as may be necessary for the purpose of depositing / pledging securities / collaterals with Clearing Member / Clearing Corporation / Stock Exchange.
5. The Trading Member / Clearing Member to recover the all the cost paid and incurred in relation to and for depositing /pledging the securities with Clearing Member / Clearing Corporation / Stock Exchange.

It is hereby confirmed that all the existing securities / collaterals provided me / us are actually owned me / us and are free from any charge, lien or encumbrance. Further all the securities / collaterals to be provided in future would be the securities / collaterals owned by me / us at the time of creation of pledge and would likewise free and unencumbered.

Yours sincerely

 Client Signature :  _____

UCC : _____

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 RaghuNandan Capital Pvt. Ltd. bearing DP-ID- 12069700 (DP SEBI REGISTRATION NO. IN-DP-213-2016)

And whereas I am an investor engaged in buying and selling of securities through RaghuNandan Capital Pvt. Ltd. a member of NSE and BSE bearing SEBI registration no. INZ000183532.

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 RaghuNandan Capital Pvt. Ltd. as my true and lawful attorney (hereinafter referred to as the attorney) for me and on my behalf and in my name to do instruct the aforesaid

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 RaghuNandan Capital Pvt. Ltd and I ratify the instructions given by the aforesaid Clearing Member to the Depository Participant to transfer securities held in my /our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the following demat account nos

Sl. No.	CDSL ACCOUNT DETAIL		NSDL ACCOUNT DETAILS
	DP ID	Client ID	CM BP ID
1.	12069700	00120071 (NSE Pool A/c)	IN515899 (NSE POOL)
2.	12069700	00000056 (BSE Pay-In A/c)	IN661124 (BSE POOL)
3.	12069700	00119640 (Client Securities Margin Pledge/Unpledge A/C)	11000100002197 (BSE Early Pay-in)
			1100001100021005 (NSE Early Pay-in)

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 RaghuNandan Capital Pvt. Ltd.
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 RaghuNandan Capital Pvt. Ltd would return to me/us the securities that may have been received by it erroneously or those securities that it was not entitled to receive from me/us.

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



Signature of Co-parceners in case of HUF Account

S.No.	Name of Co-parceners	Date of Birth	Signature of Co-parceners

IN THE PRESENCE OF

--	--	--

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 February 2020 SCHEDULE - A

Yes, I want to avail the BSDA Facility
If Yes, Please sign the BSDA Tariff

No, I do not want to avail BSDA Facility

S. No.	PARTICULAR	<input type="checkbox"/> SCHEME - A	<input type="checkbox"/> SCHEME - B (Free Scheme)
1.	Account Maintenance Charges	Rs. 399/- per annum (For Individual)	NIL
2.	Dematerialisation Charges	Rs. 20/- Per DRF plus Rs. 3/- per Certificate	Rs. 20/- Per DRF plus Rs. 3/- per Certificate
3.	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.
4.	Intra DP charges per Instruction	Rs. 20/- or .01% of the transaction value whichever is higher	Rs. 12/-
5.	Inter DP charges per Instruction	Rs. 20/- or .02% of the transaction value whichever is higher	Rs. 20/- or .02% of the transaction value whichever is higher
6.	Pledge charges (per Transaction) Creation Invocation / Closure / Acceptance	.02% of the transaction value or Rs. 50/- whichever is higher	.02% of the transaction value or Rs. 50/- whichever is higher

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. GST 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.
13. In case of BSDA account AMC will be charged as applicable for BSDA account(If holding value is less than Rs 50,000; Nil, Holding between Rs 50,000 to Rs 2,00,000 ; Rs 100 Per Annum). All other charges shall be as per scheme opted by the client.

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



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	
	GIIN not available (please tick as applicable)	Name of sponsoring entity _____	
		<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 passive NFE (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,
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,

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

FACT SHEET

AUTHORISED PERSON CLIENT DETAILS

Name	Code	Signature

CLIENT MAPPING DETAILS

Name of Sales Executive	Mapping Code of Sales Executive

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


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 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,


Dated _____

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

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)

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investment khushiyon ka

Raghunandan
Money 
investment khushiyon ka

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IPO



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E-insurance Account



Currency



PAN Services



NPS



Mutual Funds



Depository Services



Corporate FDRs

RAGHUNANDAN CAPITAL (P) LTD

Member: NSE, BSE, MCX, NCDEX & ICEX

SEBI Regn. No.: INZ000183532

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