

No.:

CLIENT REGISTRATION FORM

Non Individual

Join us for a Convenient
& Valuable Investing Experience!

NSDL

VERSION 22.3

Sharekhan

by BNP PARIBAS

INDEX

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VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

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12.	Demat Debit and Pledge Instruction' (DDPI)	This Document confers specific rights on Sharekhan for accessing your Demat account for the limited purpose of transferring the shares for meeting margin pledge/repledge/pay-in obligations for settlement of trades executed by you, Mutual fund transactions executed on Exchange platform & for Tendering shares in open offers through Stock Exchanges	A-2

SHAREKHAN LIMITED

Registered Office Address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA Tel : 022 - 6750 2000 Fax : 022-24327343 Website: www.sharekhan.com
Correspondence Office Address : 10th Floor, Gigaplex Bldg. No. 9, Raheja Mindspace, Airoli Knowledge Park Rd, MSEB Staff Colony, TTC Industrial Area, Airoli, Navi Mumbai, Maharashtra 400708, India. Tel: 022 - 61169000/61150000 Fax: 022 - 61169699 Website: www.sharekhan.com
Processing Office Address: 3rd Floor, Bay City Centre, 309, Ponnammallee High Road, Above Maruti Kapico Show Room, Near Pachiyappas College, Chennai- 600010 Tel : 044-49105050 / 28362900 / 28363160 / 49035050 / 49035051 Website: www.sharekhan.com

For any grievance/dispute, please contact Sharekhan Ltd. at the above mentioned Registered / Correspondence office address or e-mail at myaccount@sharekhan.com/ igc@sharekhan.com or contact at 022 - 61151111/022 - 69920600

Compliance Officer: Ms. Binkle R. Oza, Tel. No : 022 - 62263303

E-mail ID: complianceofficer@sharekhan.com

CEO Name: Mr. Jaideep Arora, Tel No. : 022 - 6750 2000, E-mail ID: ceo@sharekhan.com

In case you are not satisfied with the response, please contact the concerned Exchange/regulators as provided below:

- (1) **NSE** - ignse@nse.co.in or contact at 1800 2660 058
- (2) **BSE** - dis@bseindia.com or contact at 022-2272 8517
- (3) **NSDL** - relations@nsdl.co.in or contact at 022 - 2499 4200
- (4) **CDSL** - complaints@cdslindia.com or contact at 1800 225 533
- (5) **MCX** - grievance@mcxindia.com or contact at 022 - 6649 4070
- (6) **SEBI Scores** - <https://scores.sebi.gov.in> or contact at 18002667575 / 1800227575
- (7) **Smart ODR** - 8105148710

SEBI Regn. Nos.: BSE / NSE / (CASH / F&O / CD) / MCX - Commodity: INZ000171337; DP: NSDL/CDSL-IN-DP-365-2018; CIN No. U99999MH1995PLC087498; PMS:INP000005786; RA:INH000006183 Mutual Fund: ARN 20669, (date of initial registration: 03/07/2004, and valid till 02/07/2026); IRDAI Registered Corporate Agent (Composite) License No. CA0950, valid till June 13, 2027.

IMPORTANT NOTE

-  Signature of First Holder/Client/Applicant - (10)
 Signature of Second Holder - (3)
 Signature of Third Holder - (3)
-  Signature of Witness - (2)

BRANCH STAMP & DATE	H O STAMP & DATE

List of Abbreviations

Sr. No.	Short form	Expansion
1	AMC	Asset Management Company
2	AMFI	Association of Mutual Funds in India
3	AML	Anti Money Laundering
4	AP	Authorised Person
5	BSE	Bombay Stock Exchange Limited
6	CBDT	Central Board of Direct Taxes
7	CDSL	Central Depository Services Limited
8	CIN	Corporate Identification Number or Company Identification Number
9	CRS	Common Reporting Standard
10	DHC	Delivery Handling Charges
11	DIN	Director Identification Number
12	DIS	Delivery Instruction Slip
13	E & C Traders	“Energy & Commodity traders” or “E&C traders” are entities deriving their revenue from the international purchase and sale of physical commodity goods such as oil, natural gas, metals, soft commodities, etc. - excluding entities for which origin and sales of the commodities are exclusively domestic* (directly or indirectly); - excluding industrial groups that buy commodities for their transformation activities, and/or sell commodities that they have produced; - but including the trading affiliates of such industrial groups
14	F&O	Futures and Options
15	FATCA	Foreign Account Tax Compliance Act
16	FEMA	Foreign Exchange Management Act
17	EMF	Exchange Margin Funding
18	IFSC	Indian Financial System Code
19	IPV	In-person Verification
20	IRDA	Insurance Regulatory Development Authority
21	ITR	Income Tax Return
22	KRA	KYC Registration Agency
23	KYC	Know Your Client / Know Your Customer
24	MF	Mutual Fund
25	MICR	Magnetic Ink Character Recognition
26	MSEI	Metropolitan Share Exchange of India Limited
27	NRI	Non-Resident Indian
28	NSDL	National Securities Depository Limited
29	NSE	National Stock Exchange of India Limited
30	PAN	Permanent Account Number
31	PEP	Politically Exposed Person
32	POA	Proof of Address
33	POI	Proof of Identity
34	RBI	Reserve Bank of India
35	RDD	Risk Disclosure Document
36	RTA	Registrar and Transfer Agent
37	SEBI	Securities and Exchange Board of India
38	SIP	Systematic Investment Plan
39	SLB	Stock Lending and Borrowing
40	SMO	Senior Managing Official : Senior Managing Officials (SMOs) are the Chairman of the Board of Directors or Supervisory Board*, the CEO*, the CFO*, and possibly other natural persons that have a prominent influence on the client’s decisions – e.g. the COO* or other executives
41	UID	Unique Identification Number
42	UIDAI	Unique Identification Authority of India
43	UPI	Unified Payments Interface
44	VPA	Virtual Payment Address
45	NHB	National Housing Bank
46	PFRDA	Pension Fund Regulatory and Development Authority
47	DDPI	Demat Debit and Pledge Instruction

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.
3. If any proof of identity or address is in a foreign 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.
12. Fields marked with '*' are mandatory fields.
13. Tick '✓' wherever applicable.
14. Please fill all dates in DD-MM-YYYY format.
15. KYC number of applicant is mandatory for updation of KYC details.
16. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
17. 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.

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

1. Aadhaar Card/Passport/ Voter ID card/ Driving license.
If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
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.

1. INSTRUCTIONS / CHECK LIST

Additional documents in case of trading in derivatives segment (illustrative list):

1. Copy of ITR Acknowledgement	4. Bank Statement (For last 6 months)
2. Copy of Annual Accounts	5. Demat Account Holding Statement along with valuation
3. Net worth Certificate - CA Certified	6. *Any other relevant documents substantiating ownership of Assets

* Relevant documents as per risk management policy of the stock broker to be provided by the client from time to time

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.)

Officially Valid Document - *Passport / Voters Identity Card / Aadhaar Card (Aadhaar Number to be masked by the client)/ Driving License/NREGA Job Card/National Population Register Letter.

If the above officially valid documents furnished by the client does not contain updated address, the following documents shall be deemed PoA. The client shall submit updated officially valid document with current address within a period of three months of submitting the below documents to us:

1. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
 2. Property or Municipal Tax receipt.
 3. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
 4. 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.
- In case the officially valid document presented by a foreign national does not contain the details of address, in such case the documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India shall be accepted as proof of address.
5. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
 6. Aadhaar Letter issued by UIDAI shall be admissible as Proof of address in addition to Proof of Identity.
 7. e-KYC service launched by UIDAI shall also be accepted as a valid process for KYC verification. The information containing the relevant client details and photograph made available from UIDAI as a result of e-KYC process shall be treated as a valid proof of address.

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, FPIs, 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 authorised to attest the documents: Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative bank or Multinational Bank (Name, Designation & Seal should be affixed on the copy)

In case of Non-Individuals, following additional documents to be obtained (as applicable)

Types of entity	Documentary requirements
Corporate	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>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).</p> <p>List of all Directors with details as Full name, Date & Place of birth</p> <p>Photograph, POI, POA, PAN, DIN numbers of whole time directors/two directors in charge of day to day operations.</p> <p>Photograph, POI, POA, PAN of Authorised Signatories.</p> <p>Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</p> <p>Copy of the Memorandum and Articles of Association and certificate of incorporation.</p> <p>Board Resolution for investment in securities market.</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Partnership firm/LLP	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered partnership firms only).</p> <p>Copy of partnership deed.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Photograph, POI, POA, PAN of all Partners</p> <p>Resolution/ Authority Letter for investment in securities market.</p>
Trust	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered trust only).</p> <p>Copy of Trust deed.</p> <p>List of trustees certified by managing trustees/CA.</p> <p>Photograph, POI, POA, PAN of all Trustees.</p>
HUF	<p>PAN of HUF.</p> <p>Deed of declaration of HUF</p> <p>List of coparceners.</p> <p>Bank pass-book/bank statement in the name of HUF.</p> <p>Photograph, POI, POA, PAN of Karta.</p>
Unincorporated association or a body of individuals	<p>Proof of Existence/Constitution document.</p> <p>Resolution of the managing body & Power of Attorney granted to transact business on its behalf.</p> <p>Authorised signatories list with specimen signatures along with photograph</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Copy of balance sheets for the last 2 financial years (to be submitted every year)</p>
Banks/Institutional Investors	<p>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Foreign Portfolio Investor(FPI)	<p>Copy of SEBI registration certificate.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Army/ Government Bodies	<p>Self-certification on letterhead.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Registered Society	<p>Copy of Registration Certificate under Societies Registration Act.</p> <p>List of Managing Committee members.</p> <p>Committee resolution for persons authorised to act as authorised signatories with specimen signatures along with authorisation letter</p> <p>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</p>

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

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

Declaration: I/We hereby confirm that i/we have read and understood the above mentioned contents of the standard 'Most Important Terms and Conditions'.

Signatures

 *Sole holder/First holder (Individual Account) / *Authorised signatory (1)
 /Karta/ Partner of the First/Sole holder (Non-Individual)

 *Second holder (Individual) / *Authorised signatory (2)
 /Co-parcener/Partner (Non-Individual)

 *Third holder (Individual) / *Authorised signatory (3)
 /Co-parcener/Partner (Non-Individual)

 *Authorised signatory (4)
 /Co-parcener/Partner (Non-Individual)

 *Second holder (Non-Individual)

 *Third holder (Non-Individual)

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6. REMARKS (If any)

7. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

(1) 

Signature of Authorised Person

Date : _____

Place : _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date - -

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

[Institution Stamp]

1.4 FATCA Details

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____

If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
1			
2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

1.5 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

1.6 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others _____

C. Whether UBO/ SMO of listed entity (Yes or No) _____. If yes then Name of Listed company _____

1.7 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1)

Signature of Applicant

Date : _____

Place : _____

1.8 ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

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

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

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

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

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

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters)

Name* (Same as per PAN Card/PAN Site) Prefix First Name Middle Name Last Name
Maiden Name (If any) First Name Middle Name Last Name
Father / Spouse Name First Name Middle Name Last Name
Mother Name First Name Middle Name Last Name
Date of Birth* DD MM YYYY Place of Birth Country of Birth
Gender* M - Male F- Female T-Transgender
Marital Status* Married Unmarried Others
Citizenship IN-Indian Others Nationality IN-Indian Others
PAN Card* Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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

Address
Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.3 CURRENT ADDRESS DETAILS

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

Address
Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.4 FATCA Details

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____
 If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
1			
2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

1.5 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

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

1.6 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others _____

C. Whether UBO/ SMO of listed entity (Yes or No) _____. If yes then Name of Listed company _____

1.7 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1)

Signature of Applicant

Date : _____

Place : _____

1.8 ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]

1.4 FATCA Details

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____

If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
1			
2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

1.5 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

1.6 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others _____

C. Whether UBO/ SMO of listed entity (Yes or No) _____. If yes then Name of Listed company _____

1.7 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1)

Signature of Applicant

Date : _____

Place : _____

1.8 ATTESTATION / FOR OFFICE USE ONLY

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KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

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

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

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

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

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

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters)

Name* (Same as per PAN Card/PAN Site) Prefix First Name Middle Name Last Name
Maiden Name (If any) First Name Middle Name Last Name
Father / Spouse Name First Name Middle Name Last Name
Mother Name First Name Middle Name Last Name
Date of Birth* DD MM YYYY Place of Birth Country of Birth
Gender* M - Male F- Female T-Transgender
Marital Status* Married Unmarried Others
Citizenship IN-Indian Others Nationality IN-Indian Others
PAN Card* Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number F - Proof of Possession of Aadhaar
 B- Voter ID Card G - E-KYC Authentication
 C- Driving Licence H- Offline verification of Aadhaar
 D- NREGA Job Card
 E - National Population Register Letter

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.3 CURRENT ADDRESS DETAILS

Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number F - Proof of Possession of Aadhaar
 B- Voter ID Card G - E-KYC Authentication
 C- Driving Licence H- Offline verification of Aadhaar
 D- NREGA Job Card I - Deemed Proof of Address
 E - National Population Register Letter J - Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.4 FATCA Details

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____
 If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
1			
2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

1.5 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

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

1.6 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others _____

C. Whether UBO/ SMO of listed entity (Yes or No) _____. If yes then Name of Listed company _____

1.7 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1)

Signature of Applicant

Date : _____

Place : _____

1.8 ATTESTATION / FOR OFFICE USE ONLY

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KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]

1.4 FATCA Details

Are you a US person? Yes No Is your Tax Residency Other than India Yes No Any other information _____
 If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
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2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

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

1.6 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Civil Servant Bureaucrat Current / Former MP, MLA or MLC
 Politician Not a PEP / Related to PEP Current / Former Head of State

B. Job Category: Chairman Director CEO CFO COO Others _____

C. Whether UBO/ SMO of listed entity (Yes or No) _____. If yes then Name of Listed company _____

1.7 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

1.8 ATTESTATION / FOR OFFICE USE ONLY

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This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
 Code IN0344

[Institution Stamp]

G. OPTION FOR ISSUANCE OF DIS BOOKLET

Option 1 : I/we do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Option 2 : I/we wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

H. DP TARIFF SCHEME ("Schedule A") - (Scheme Details on Page 37)

Scheme A (TC100) Scheme B (TC108) Scheme C (TC119) Scheme D (TC117) Scheme G (TC123)

I. Mobile no. & Email ID Declaration of Entity:

I/We hereby declare that the Mobile number as per KRA/CKYC belongs to:	I/We hereby declare that the Email ID as per KRA/CKYC belongs to:
<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner	<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner
<input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____	<input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____

J. STOCK EXCHANGES ON WHICH YOU WISH TO TRADE

Equity/Mutual Fund (BSE & NSE)	F & O (BSE & NSE)	Currency (BSE & NSE)	Commodity (BSE, NSE & MCX)
	I have knowledge of trading in derivatives segment and am aware of risks associated therein	I have knowledge of trading in currency derivatives segment and am aware of risks associated therein	I have knowledge of trading in Commodity segment and am aware of risks associated therein
(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

1. Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off / mentioned as NA.

2. In future, if you need to trade in any additional Segment/Exchange, not opted above, separate authorisation letter will be required.

3. In case of trading in Derivatives it is compulsory to submit proof of Financial Details.

K. PAST ACTIONS.

Details of any action/proceedings initiated /pending/taken by SEBI/Stock Exchange/any other authority against the Client or its partners/ Promoters/Whole Time Director/Authorised Signatory in charge of dealing in securities during the last 3 years for violation of securities law/other economic offences (including action taken against relatives/associates) _____

L. DETAILS OF PARTNER / TRUSTEE / OTHER HOLDERS

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
Gross Income Range Per Annum (Rs. in Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr
Networth : (should not be older than 1 year)	Amount (Rs.) _____ As on date d d m m y y y y	Amount (Rs.) _____ As on date d d m m y y y y	Amount (Rs.) _____ As on date d d m m y y y y
Additional Details, if applicable. (Please tick one or more as applicable)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP
Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
Nature of Business	_____	_____	_____
Sources of Wealth / Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
Place of Birth Country of Birth	<input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	<input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	<input type="checkbox"/> INDIA <input type="checkbox"/> Other _____
Any other information			

M. INVESTMENT/TRADING EXPERIENCE & PREFERENCE

No Prior Investment Experience Years in Equities Years In Derivatives Years in other Investment Related Field

Proposed Investment/Margin through Sharekhan: ₹ _____

Do you have any presence in a country other than India through offices or investments Yes No If Yes (Country Name) _____

Do you have any transaction or activity or planned activity with any country other than India Yes No If Yes (Country Name) _____

N. DEALINGS THROUGH AUTHORISED PERSON & OTHER STOCK BROKERS No Yes (If yes, please mention details below)

Name of Authorised Person: _____

Registration No: NSE BSE MSEI

R.O. Address: _____ Tel.: _____ Fax: _____ Website: _____

Whether registered with a ny other Stock Broker / Authorised Person (If registered with multiple Stock Broker, provide all details)

Name of Stock Broker: _____ Name of Authorised Person : _____

Name of Exchange: _____ Client Code No.: _____

Details of disputes / dues pending from / to such Stock Broker Authorised Person:

Whether Employee/Agent/Approved user/Authorised Person of any other *Trading/Clearing Member: Recognized stock exchange Yes No
Name of Member _____ (Please provide consent letter from such Trading/Clearing Member)

Whether Broker of any Exchange Yes No Name of Exchange/s _____ (Please provide consent letter from such Exchange/s)

Whether Declared Defaulter/debarred/suspended By SEBI/RBI/any Other Recognized Stock Exchange/Commodity Exchange: Yes No

O. BROKERAGE STRUCTURE (Mandatory)

	Cash Segment		Derivatives Segment		Currency Derivatives Segment	
	(Percentage)	Min. Rupees/ Paisa Per Share	Futures Segment (Percentage)	Options Segment ★ (Percentage)	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg						
Second Leg (Same day Sq. off)						
Delivery Brokerage			Same as Cash Segment		NA	NA
Next day square off	NA	NA				
Default Brokerage		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

	Commodity Segment	
	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg (Normal)		
Second Leg (Same day Sq. off)		
Next day square off		
Delivery Brokerage	Same as Cash Segment	
Default Brokerage		<input type="checkbox"/>

- # 1. In case of unit price of securities of Rs. 10/- or less, then brokerage of Rs. 0.25 per share will be levied
- # 2. Delivery Handling Charges (DHC) would be levied on each delivery based sell transaction (per scrip) where value of brokerage levied is less than Rs 21/- The value of DHC would be difference of Rs 21/- and the brokerage charged.
- # 3. If total brokerage for all transactions in the cash segment is less than Rs. 21, then a brokerage of Rs. 21 or 2.5% of the transaction value, whichever is less, would be levied.
- # 4. On all Square-off transactions initiated by Sharekhan Ltd, brokerage of 0.5% will be levied.
- # 5. Stock(s) sold from CUSPA will attract "Stamp Duty" as invocation is required to do the pay-in for Non-POA clients (EDIS Clients)
- # 6. Stamp duty/Stamp paper charges will be recovered on actual basis.

* Minimum amount per lot would be applicable as per the details provided in the policy and procedures.

• Expiry handling charges would be charged as applicable • Statutory cost will be charged as per Exchange / Regulatory Authorities • Trade Tiger access charges applicable from time to time • KYC Registration Agency (CKYC & KRA) charges will be levied as applicable. • Please refer the details of default brokerage, standard brokerage on option segments and schedule of charges in the Policy and Procedures.

P. INTRODUCER DETAILS

Name of The Introducer: _____

Status of the Introducer: Sub-broker/Remisier/Authorised Person/Existing Client/Director or Employee of any other Person (Please Specify) _____

Proof of Identity (POI) : PAN No. Passport No. Driving Licence Voter ID _____

Residence Address: _____

Pin Code _____

Mobile No. / Tel. No. : _____ Email ID : _____



Signature of Introducer: _____

Q. CLEARING MEMBER DETAILS (to be filled up by clearing Members only)






1	Name of Stock Exchange	
2	Name of Clearing Corporation Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID (to be filled up by Participant)	

DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I /we am/are aware that I/we may be held liable for it.
- I/We confirm having read, received, explained and understood the contents of policies and procedures, terms & conditions governing Stock Broker, terms & conditions applicable for Margin Trading, **Policy on Handling of My Good Till Date Orders**, Risk Disclosure Documents & Do's & Don't's for trading on the Exchanges, Rights and Obligations applicable for Stock Brokers, Clients, Rights and Obligations applicable for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants & the tariff sheet, as available on the website on the company. I/We am/are further aware that a copy of Terms & Conditions governing Stock Broker, Risk Disclosure Document, **Policy on Handling of My Good Till Date Orders**, Policies and Procedures, Do's & Don't's for trading on the Exchanges and Rights and Obligations applicable for Stock Brokers, Authorized Persons & Clients, Rights and Obligations of Stock Brokers & Clients for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants will be received by me/us in electronic form on the email ID provided by me / us in the KYC Document. This KYC document shall be subject to the jurisdiction of the Courts in Mumbai. Further the conciliation hearing through SEBI ODR mechanism will be confidential and any video/ recording/ statements made related to the same will not be considered as evidence in court of law.
- I/We have read and agree to be bound by the Rules, Regulations, bye laws, circulars and guidelines issued by SEBI, Exchanges, Stock Broker, AMFI, Mutual Funds, Depository and Depository Participant pertaining to my/our trading and demat account, as are in force from time to time.
- I/We understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I/We agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to CBDT or close or suspend my/our account.
- Declaration of Tax Conformity— I/We acknowledge that it is my responsibility to understand and comply with and am / are in full compliance with any tax obligations and requirements and the consequences thereof that apply to me/us under the laws and regulations of my/our country(ies) of residence or any other relevant jurisdiction.
I/We hereby declare that all assets, including cash and securities, deposited in my account(s) with the Sharekhan and the income or proceeds thereof, are currently and will continue to be fully disclosed to the relevant tax and any other authorities in my/our country(ies) of residence and in any other jurisdiction as required by the applicable laws and regulations and also authorize Sharekhan to disclose the same to any domestic / overseas regulators or tax authorities, to enable the authorities to establish my / our tax liability therein and / or to enable Sharekhan to comply with the regulatory requirements it is subject to.
- I/We hereby declare that I/we had provided Aadhaar Card as proof of Identity and/or proof of address to Sharekhan Ltd even-though there were other documents accepted by Sharekhan and I/we authorize Sharekhan to share the copy and/or details of the Aadhaar card (excluding Aadhaar Number) as per the Regulatory/Exchange/Depository requirement. (Applicable in case Aadhaar card is provided as proof of address and/or identity)
- I/We hereby confirm that Sharekhan may update my/our name in all Exchanges as per the name available in Income Tax records.
- I/We, opening demat account with Sharekhan, hereby declare that I/we will submit only those inter depository transfer instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.

- 9. I/We hereby confirm that I/We am/are not subject to sanctions nor do I/We form a part of the sanctions lists enforced by the European Union ("EU"), France ("FR"), the United States ("U.S."), United Nations Security Council ("UNSC") or form part of the list of banned organizations, designated entities/individuals listed under the Unlawful Activities (Prevention) Act, 1967.
- 10. I/We hereby confirm that whenever there will be change of address, I/We will intimate you about the same.
- 11. I/We, provide consent for the disclosure of information and data relating to me / my accounts with Sharekhan Ltd and its group companies, that in case of any default, if any, committed by me / us, whereby as per Sharekhan Ltd's records there is any amount outstanding/due to be paid to Sharekhan or its group companies then in such circumstance, Sharekhan and or its group companies can lawfully with our full free consent disclose or share mine/our data including any personal information as Sharekhan may deem appropriate and necessary for recovering dues with its Vendors, Contractors, Associates, Advocates, Accountants, Regulatory Agencies, RBI, CIBIL & Third Party Agents. And we hereby agree that Sharekhan is within its rights to use this data by itself or through any authorised representative/ service provider or agent etc to recover the dues.
- 12. I/We, confirm that on expiry of the time period for which Annual maintenance Charges (AMC) are levied by Sharekhan, the liability and obligation to renew the same and ensure that the reduced charges continue to apply to my account rests with me as the client of Sharekhan. Further I understand that the trading member reserves the right to extend or discontinue or change in partial/full the Annual Maintenance Charge (AMC) Scheme without any prior notice to me/us. We understand that the revised AMC shall become applicable from such date as may be decided by the trading member and communicated by the TM either on its website/ or by sms/email or any other electronic form as per the TM's discretion.
I/We, agree that in case of discontinuation in AMC Scheme, default brokerage rate as applicable at relevant time displayed on website of Sharekhan shall be applicable to my/our account.
- 13. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Stock Broker/Depository Participant may also terminate this facility by giving 10 days prior notice.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Name	Designation	Specimen Signature(s) (with Co. Rubber Stamp)
Sole/First Holder			
First Signatory			(6) 
Second Signatory			
Third Signatory			
Other Holders			
Second Holder			(1) 
Third Holder			(1) 

Mode of Operation For Authorised Signatories (in case of Multiple Signatories, all the holders must sign)			
<input type="checkbox"/> Any one singly		<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Jointly by		<input type="checkbox"/> Others (please specify)	

Date: _____

Place: _____

FOR OFFICE PURPOSES:

UCC Code allotted to the Client: (As mention on page no. 6 on account opening form)

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Staff / Authorised Person			
Staff Code			
Designation of the Staff			
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 terms and conditions and handed over a copy of the same. I/ We under take 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', Terms and Conditions and RDD would be made available on my/ our website, if any, for the information of the clients.

I hereby confirm that, I have not directed, encouraged or assisted client with respect to strategies to their account as US accounts / Other reportable account. I have not given any tax advice to client."

Date: _____

Seal/ Stamp of Sharekhan Limited

(Name & Signature of the Authorised Signatory)

Particular	Name	Code
Franchisee / Branch Name		
Remisier Name		
Referring Employee Name		
Name of RM / Executive		
Name of Manager		
Lead Source		

Account opening charges : _____

In case of waiver of account opening charges:

Approved by (Name)	Designation	Signature with Stamp

MANDATE FOR MAINTAINING THE ACCOUNT ON RUNNING ACCOUNT BASIS

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West),
Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

Notwithstanding anything contrary contained in any of the document or correspondence, I / We hereby severally give mandate to you for maintenance of my/our account with you on running account basis. This mandate shall be applicable to all segments across exchanges maintained with you including Mutual funds availed through NSE MFSS and / or BSE STAR MF or such other platform.

This mandate is voluntarily given by me / us as it is cumbersome for me / us to settle the accounts with you frequently. This will facilitate me/us in my transactions through you. I/We also request you to consider the balances in my/our funds, securities, mutual fund units and currency account with you for the purpose of margins/any other obligations due to you.

In view of the above it would be proper for you to release the funds, mutual fund units and securities due to me/us on my specific request, either written or oral. You may debit the charges of holding units/securities/commodities to my/our account with you.

I/We hereby agree to settle my/our funds/securities/mutual funds/commodities account on *Monthly/Quarterly basis as per SEBI guidelines. Further, I/We hereby declare that I/We retain the right to revoke this authorization at anytime.

Yours faithfully,

Date : _____

Place : _____

(7) 

Signature of Client / Authorised Signatory

* In case not specified account would be settled in Quarterly basis.

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Currency Underlying Exposure Declaration Letter to Trade Currency Derivatives

To,

Sharekhan Limited

Dear Team,

In accordance with above mentioned RBI This is with reference to RBI Circular dated January 5, 2024 RBI/2023-24/108 P. (DIR Series) Circular No. 13 on the subject of Risk Management and Inter-Bank Dealings – Hedging of foreign exchange risk, I/We hereby declare following:

1. I/We have valid underlying exposure which has not been hedged using any another derivative contract;
2. I/We shall present sufficient evidences off the underlying exposure related to currency derivative contracts this details as and when requested by Sharekhan
3. I/We are aware that deposition in the contracts shall be within the limits USD 100 million (or equivalent) in contracts involving INR as specified by exchanges / RBI. Further, these are backed by contracted exposure which is not hedged elsewhere;
4. I/We confirm that the notional amount and tenor of the derivative contract shall not exceed the value and tenor of the exposure;
5. I/We are aware that in case the exposure ceases to exist, in full or in part, the user has appropriately adjusted the hedge to ensure adherence to point 4 above, unless the original derivative contract is assigned against any other unhedged exposure. No adjustment to the hedge is required to be made if, in the considered opinion of the Authorised Dealer, the change in exposure is not material;
6. I/We are aware that if I/We intend to take position beyond USD 100 million (or equivalent) in contracts involving INR, in all Stock Exchanges put together, then an Authorised Dealer / Custodian shall be designated to monitor the transactions.
7. I/We shall always adhere to regulatory provisions as mentioned above and all the relevant circulars, Rules, Regulations & Guidelines issued by SEBI, RBI & Exchanges from time to time.
8. I/We confirm that the information submitted by me/us is true to the facts submitted by me/us and I/We shall be held responsible in case of any breach / incorrect information found.

I/We have read, understood and accepted the above terms and acknowledge with the above mentioned and request for allowing transactions in Currency segment in INR paired contracts against my/our permitted underlying exposure.

Client Name: _____

Signature : _____

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MAJOR SANCTIONED COUNTRIES AND REGIONS SELF-DECLARATION
(MSCs- Crimea/Sevastopol, Cuba, Iran, North Korea and Syria)
(MSCQ is to be filled/acknowledged by Corporates and Financial institutions only)

To the best of your knowledge, please answer the questions below regarding the Company's direct and/or indirect exposure to MSCs.

Does your company or any member of the Company's Controlled Perimeter:

- Have a location in, is incorporated in or reside in or have any offices in an MSC; and/or
- Have transactions, investments, dealings ("Activities") or Planned Activities in an MSC, or
- Have any Current Activities or Planned Activities with (or in) any individual located, resident, or entity organized in an MSC or with (or in) any entity directly or indirectly owned or controlled by any entity located, resident, or organized in an MSCs (in each case, including with intermediaries acting on behalf of or engaging in related Activities with MSCs or MSC based entities)?

Please Choose:

YES

NO

If yes, need complete the MSCQ questionnaire (Appendix G)

We acknowledge that it is a general policy of BNPP, based on the internal assessment of the risks and the economic situation, to generally not process or otherwise engage in any activity (even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a sanctioned individual, entity, or organization⁴ targeted by French, European Union, or United States authorities, or other applicable sanctions regimes, notably any activity involving directly or indirectly, CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA or SYRIA (collectively, "Subject Transactions").

We further confirm, to the best of our knowledge, that any activity conducted by us (as well as by our Controlled Perimeter) related to Subject Transactions is permissible, exempted or licensed/authorized and we will not, nor any of our subsidiaries, directly or indirectly use any account(s) or any products and services provided by BNPP⁵, regardless of the currency, in relation to Subject Transactions, even if licensed by the relevant authorities.

We will promptly notify BNPP if we, at any time, are no longer able to comply with any of the aforementioned representations.

Company hereby represents that the statements above are fully accurate:

- COMPANY NAME: _____
- ADDRESS: _____

- COMPANY GROUP NAME: _____
(If applicable)
- Authorised Signatory Name & Designation: _____

- SIGNATURE:  _____
- DATE: _____

*This questionnaire must be completed by a duly authorized Senior Representative(s) of the Client who is/are in a position to respond on behalf of the Company and the Company's Controlled Perimeter. Examples include but are not limited to: CEO, CFO, COO, President, Treasurer, Legal or Compliance Representative, or other authorized representative.

In accordance with the relevant data protection regulations, you have a right to access, correct and delete information about yourself, as well as a right to specify how such data is to be treated upon your death, which you can exercise by contacting your BNP Paribas Relationship Manager. You may also object to the processing of your personal data on grounds of your particular personal circumstances.

1. Indirect Activities include, but are not limited to, participating in, facilitating, making available funds or resources for, or aiding transactions, investments, dealings with, goods, services or technology that come from or are destined to MSCs, including with third party intermediaries or banks/financial institutions that could be associated with these transactions.
2. Including entities in which your company directly or indirectly owns 50% or more of the shares or voting rights or entities over which it exercises control.
3. Planned Activities include any contract under negotiation or Activities being developed during the current fiscal year and/or over the next fiscal year.
4. Including an entity directly or indirectly owned 50% or more or controlled (directly or indirectly) by such sanctioned individual, entity or organization; or an individual or entity acting on behalf of such sanctioned individual, entity or organization.
5. BNPP includes BNP Paribas S.A. as well as its subsidiaries, branches and affiliates.

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APPLICABLE FOR CORPORATE

Major Sanction Countries - General Consent Letter (MSCQ is to be filled/acknowledged by Corporates and Financial institutions only)

It is a general policy of BNPP, based on the internal assessment of the risks and the economic situation, to generally not process or otherwise engage in any activity (even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a sanctioned individual, entity, or organization targeted by French, European Union, or United States authorities, or other applicable sanctions regimes, notably any activity involving directly or indirectly: CUBA, IRAN, NORTH KOREA, SYRIA, and CRIMEA/SEVASTOPOL (collectively, **“Subject Transactions”**). BNPP is committed to comply with all applicable laws of the jurisdictions in which it operates and does not support or participate in unlawful boycotts.

“Sanctions” means any economic or trade sanctions or restrictive measures enacted, administered, imposed or enforced by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC), the U.S. Department of State, the United Nations Security Council, and/or the European Union [and/or the French Republic, and/or Laws of India or other relevant sanctions authority]

BNP Paribas expects its clients (as well as their Controlled Perimeter) to ensure that any activity conducted involving Subject Transactions is permissible and/or subject to lawful exemptions, licenses, or authorizations. Furthermore, BNP Paribas respectfully requires that its clients take all necessary measures to ensure that the funds, products, and services provided or made available by BNP Paribas are not used, directly or indirectly, regardless of the currency, in relation to Subject Transactions, even if such use is permissible, authorized or duly licensed by the relevant authorities.

We would be grateful if you could sign and promptly return a copy of this letter. We remain at your disposal should you have any inquiries.

We ask you to promptly notify BNPP if _____ [name of client] are not able to comply with any of the aforementioned.

Yours Faithfully,
Sharekhan Limited

1. Including an entity owned directly or indirectly 50% or more or controlled (directly or indirectly) by such sanctioned individual, entity or organization; or an individual or entity acting on behalf of such sanctioned individual, entity or organization.
2. Indirect activities include, but are not limited to, participating in, facilitating, making available funds or resources for, or aiding transactions, investments, dealings with third party intermediaries for goods, services or technology that come from or are destined to Cuba, Iran, North Korea, Syria or the Crimea/Sevastopol region, or with banks/financial institutions that could be associated with these transactions.
3. Including entities in which the entity owns directly or indirectly 50% or more of the capital or voting rights or entities over which the entity exercises control.
4. BNP Paribas includes BNP Paribas S.A. as well as its subsidiaries, branches, and affiliates

We hereby acknowledge the above policy of BNP Paribas.

We further confirm, to the best of our knowledge, that:

1. Any activity conducted by _____ [entity's name] (as well as by) _____ [entity's name]'s Controlled Perimeter³) related to Subject Transactions is permissible, exempted or licensed/authorized and;

2. _____ [the entity's name] will not, nor any of its branches and subsidiaries, directly or indirectly, use any funds, products or services provided by BNP Paribas, regardless of currency, in relation to Subject Transactions, even if permissible, authorized or licensed by the relevant authorities

In an unlikely event, the Trading Member/DP may be required to report the details of the client and transactions undertaken by the client to the concerned authorities if they are suspicious according to the Trading Member/DP's understanding.

We hereby confirm that it is our responsibility and liability to promptly notify Sharekhan Limited, if _____ [the entity's name], at any time, is no longer able to comply / or is at potential risk of non-compliance with any of above statements.

For and on behalf of _____

For and on behalf of _____

Name :

Name:

Signed _____

Signed _____

Date: _____

Date: _____

Declaration by partners pursuant to NSDL Circular No. NSDL/POLICY/2006/0008

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

1. I / We, have submitted an application for opening a single / joint account for opening a Beneficial Owner [BO] account in the category "individual" for holding and carrying out transactions in respect of securities belonging to our firm, since as per the clarification issued by the Department of Company Affairs vide its Circular No. 5/75 (8/18/75-CL-V) dated March 31, 1975, Partnership Firm is not capable of being a member within the meaning of Section 41 of The Companies Act, 1956.
2. I / we represent the firm.
3. In consideration of you having agreed to accept the Permanent Account Number [PAN] issued by the Income Tax Department [ITD] to the firm along with our individual identity documents, I / We acknowledge and undertake as under :-
 - a) The acceptance of the PAN number of our firm does not amount to you having taken notice of trust or recognise our firm.
 - b) I / We shall continue to be responsible for complying with the relevant provisions of The Companies Act, 1956 and the Rules made thereunder and other applicable Laws failing which I / we shall be responsible for the consequences thereof.

Yours faithfully,

(10) 

(3) 

(3) 

(Name of the Partner)

(Name of the Partner)

(Name of the Partner)

Declaration by Partner(s) to recognize Demat A/c for trading purpose.

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

This is with reference to the trading account opened with you in the name of _____ a partnership firm and bearing the code _____.

I _____, partner of the above mentioned firm hereby declare and authorise you to recognize the beneficiary account No. _____.

_____ with depository _____ opened in my name, for the purposes of completing the share transfer obligations pursuant to the trading operations of the Partnership Firm. I agree and understand that this is to facilitate the operation of the above trading account with you, as a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per regulations and that transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Signature (Please sign with stamp of the Firm)

(Name of the Partner whose beneficiary is used)

We, (please write name of partners)

1. _____
2. _____
3. _____
4. _____

partners of the firm confirm that any securities due to the Firm's trading account with you, if transferred to the above mentioned Dmat account, will constitute good delivery of your obligation. We further state that Sharekhan will not be responsible, if the shares are transferred to the above-mentioned a/c.

If there is any change in the information given above, same shall be informed to Sharekhan in writing. If any such information not communicated to Sharekhan, than Sharekhan will not be liable for losses suffered by the firm or any of the individual partners.

Signature X

Signature X

Signature X

Name _____

Name _____

Name _____

Declaration By HUF To Recognize Demat A/c For Trading Purpose.

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

This is with reference to the trading account opened with you in the name of _____ and bearing the code _____, I hereby declare and authorise you to recognize the beneficiary account No. _____ with depository _____ opened in the name of the undersigned who is the Karta of the HUF. For the purposes of completing the share transfer obligations pursuant to the trading operations. I agree and understand that this is to facilitate the operation of the above trading account. the transfers made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Signature (Please sign with stamp of the HUF)

Signature X _____

PROFILE SHEET

Dear Customer,

Please select product that you wish to avail of:

Also, please answer a few questions to help us serve you better

Sr. No.	Questions	Option							
		A	B	C	D	E	F		
1	How would you like to trade with Sharekhan?	Internet	Phone/Branch	Both					
2	Have you been investing or trading in the stock market?	Yes	No						
3	Do you trade in Cash market or Derivative market?	Cash	Derivative	Both	None				
4	What is your frequency of your investing / trading?	Many times a day	Once a day	Many times Week	Once a Week	Once a month or more	None		
5	What is your current portfolio size? (Total investment in Shares and Mutual Funds)	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above	No Portfolio			
6	How much more do you plan to invest in stock market in the next 2 years?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above				
7	In which range would your annual income fall in to?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above				
8	What is your existing mode of transaction?	Internet based account	Non Internet account	No Broker					
9	Do you have a Relationship Manager allocated to you?	Yes	No	None					
10	Would you like to undergo free education?	<input type="checkbox"/> Investments		<input type="checkbox"/> Trading strategies based on technical analysis					
11	How long have you been investing in stocks?	<input type="checkbox"/> New <input type="checkbox"/> 5 to 10 years		<input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years					
12	What is your source of stock market information?	<input type="checkbox"/> TV channels: <input type="checkbox"/> CNBC <input type="checkbox"/> Newspaper: <input type="checkbox"/> Economic Times <input type="checkbox"/> Sharekhan Research Magazines <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Broker		<input type="checkbox"/> NDTV PROFIT <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Other research magazines <input type="checkbox"/> Others (Specify) _____					
13	What is your marketstock preference?	Market preference <input type="checkbox"/> Speculator <input type="checkbox"/> Regular investor <input type="checkbox"/> Occasional investment <input type="checkbox"/> Trader		Stock preference <input type="checkbox"/> High risk return <input type="checkbox"/> Bluechip <input type="checkbox"/> Stocks valued less than Rs10 <input type="checkbox"/> Stocks recommended by Sharekhan research <input type="checkbox"/> Stocks recommended by other research houses					
Other Brokerage Firm you are trading with please tick the		ICICI Securities	HDFC Securities	Kotak Securities	Reliance Money	Angel Broking	Anand Rathi		
		India Infoline	Motilal Oswal	Indiabulls	Geojit	Religare	Any other _____		
No Brokerage Firm <input type="checkbox"/>									
Other Product Interest		IPO		PMS		Mutual Fund		Insurance	

FOR OFFICE USE

Profiling Code

1	2	3	4	5	6	7	8	9

SHAREKHAN LIMITED

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

FATCA, CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC (Details and Self Certification form for Non-Individuals)

Please read all the instructions carefully before filling the form
*Please fill in ENGLISH and in BLOCK LETTERS with black ink
Please consult your professional tax advisor for further guidance on FATCA & CRS classification
Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

Request ID	
------------	--

I. *Entity Details: (please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

Client Code		PAN	
Entity Name			

II. * Additional KYC information:

1. **Gross Annual Income Details** please tick (✓) Below 1 Lac 1-5 Lac > 5 - 10 Lac > 10- 25 Lac > 25 Lacs-1 Crore > 1 crore

2. **Net-worth in ₹.** _____ as on (date) DD / MM / YYYY (not older than 1 year)

3. **Source of Wealth** (please tick (✓) any one) : Business Income Gift Ancestral Property Rental Income Prize Money Royalty
 Others (please specify) _____ specify here

4. **Occupation** (please tick(✓)any one): Business Service Others (please specify) _____ specify here

5. **Is the entity involved/providing any of the following services** please tick(✓)

-Foreign Exchange / Money Changer Services	: YES <input type="checkbox"/>	NO <input type="checkbox"/>
-Money Lending / Pawning	: YES <input type="checkbox"/>	NO <input type="checkbox"/>
-Gaming / Gambling/ Lottery Services(e.g. casinos, betting syndicates)	: YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. **Politically Exposed Person (PEP) Status*** (please tick(✓) anyone : (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Wholetime Directors)

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of Stat military officers, senior executives of state owned corporations, important political party officials, etc.

7. **Type of address given at KRA** (please tick(✓) any one) : Residential or Business Residential Business Registered Office

III. * FATCA & CRS declaration: (Please tick (✓) the appropriate tax resident declaration)

City of Incorporation	Date of Incorporation	Country of Incorporation
Entity Constitution Type please tick(✓) as appropriate	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Pvt. Ltd. Company <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Liquidator <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others _____ please specify	
Is 'Entity' a tax resident of any country other than India?		
<input type="radio"/> YES		<input type="radio"/> NO

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

S.No	Country of Tax Residency	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^s
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 mention here (refer 3(viii) of Part C)

Account holder type for Us Reportable Person (Refer 3(ix) of Part C)

Account holder type for other Reportable Person (Refer 3(ix) of Part C)

Part A: (to be filled by Financial Institutions or Direct Reporting NFEs) N.A. (Please tick (✓) if not applicable)

We are a,

Financial Institution (Refer 1 of Part C)

Participating FFI

Reporting Model 1 FFI (IGA 1 environment)

Reporting Model 2 FFI (IGA 2 environment)

or

Direct reporting NFE (Refer 3(vii) of Part C)

please tick (✓) as appropriate

GIIN

Note: If you do not have a GIIN but you are sponsored by an other entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:
Name of the Sponsoring entity:

GIIN not available Applied For Non participating FFI Non reporting FFI

please tick(✓) as appropriate Not required to apply for - please specify 2 digits of sub-category (Refer 1A of Part C)

Part B: (Please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs) N.A.

<input type="radio"/>	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)	(Please specify any one stock exchange where it is regularly traded) Name of the Stock Exchange _____
<input type="radio"/>	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)	(Please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company (OR) <input type="checkbox"/> Controlled by a Listed Company Name of the Stock Exchange _____
<input type="radio"/>	Is the Entity an Active NFE? (Refer 2C of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention Code - Refer 2C of Part C)
<input type="radio"/>	Is the Entity a Passive NFE? (Refer 3(ii) of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____

SHAREKHAN LIMITED

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

(Applicable for all the non-individual entities)

I: Investor details:

Investor Name										
PAN*										

* If PAN is not available, specify Folio No. (s)

II: Category

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company
[If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#. _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

#mandatory in case of Listed company or subsidiary of the Listed Company

Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals

Public Charitable Trust Private Trust Religious Trust Trust created by a Will.

Others [please specify] _____

UBO / Controlling Person(s) details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? Yes No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
Residential Status of UBO	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____
UBO Code			
Customer ID (If any with Sharekhan Limited)			
Citizenship			
Percentage of Holding (%)			
% of beneficial interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
Are you a US person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality	_____	_____	_____
UBO / SMO Date of Birth [dd-mmm-yyyy] #	_____	_____	_____
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
UBO / SMO Address [include City, Pincode, State, Country]	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____
UBO / SMO Address Type	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. <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	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 <input type="checkbox"/> _____
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
# Mandatory column. Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. * Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.			

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory
Name: _____
Designation: _____

Authorized Signatory
Name: _____
Designation: _____

Authorized Signatory
Name: _____
Designation: _____

Place: _____

Date: ____ / ____ / ____

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

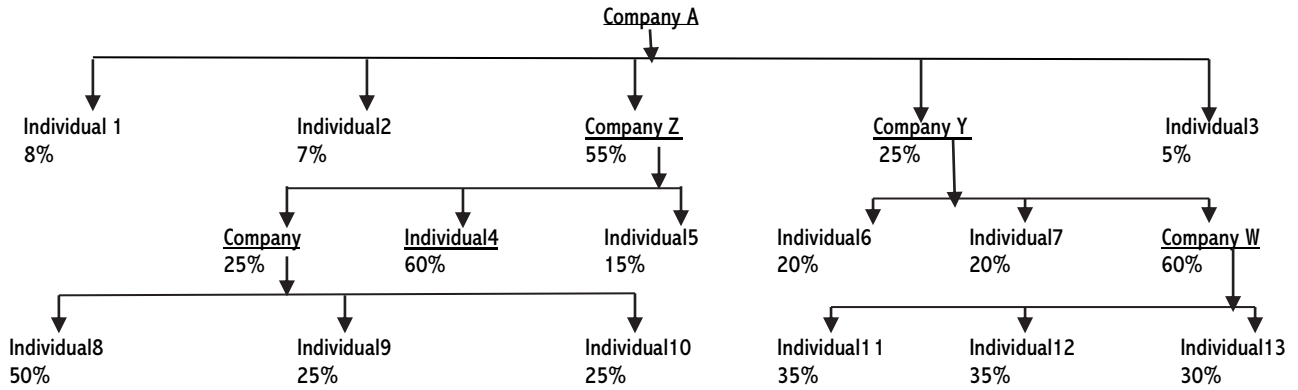
D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 – Company A



For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC

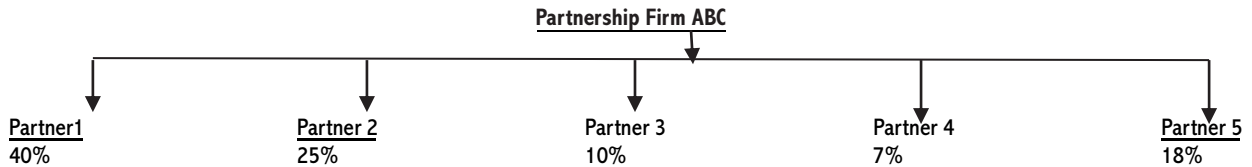
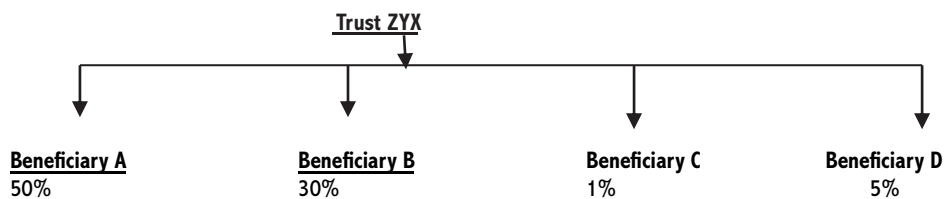


Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for $\geq 10\%$ of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

PART C: FATCA Instructions & Definitions

1. Financial Institution

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

- The three financial years preceding the year in which determination is made; or
- The period during which the entity has been in existence, whichever is less.

- Investment entity is any entity:

- ✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - Individual and collective portfolio management; or
 - Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

OR

- ✓ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

- The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2C.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

- FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

A. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

B. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

C. Active NFE : (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof. Explanation:- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

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SHAREKHAN LIMITED

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)

Investor Name										
PAN										

- I/We hereby confirm that above stated entity / organization is falling under “**Non-profit organization**” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal	
--------------------------------------	--

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Place: _____

Date: ___/___/___

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Client ID:	"Schedule A" effective from November 1, 2020					Remarks
	Scheme Chosen					
	Scheme A <input type="checkbox"/> AMC 400	Scheme B <input type="checkbox"/> AMC 500	Scheme C <input type="checkbox"/> AMC 350	Scheme D <input type="checkbox"/> One Time 2999	Scheme G <input type="checkbox"/> (Pvt. Ltd./Ltd./LLP)	
Transaction type	Scheme A (TC100)	Scheme B (TC108)	Scheme C (TC119)	Scheme D (TC117)**	Scheme G (TC123)	
Deposit	Trading Client Code / Trading Application No. { _____ }					
	Nil	Nil	Nil	Rs. 2999 (refund of deposit Rs. 2000 on closure)	Nil	
Account Opening	Nil					KRA charges as applicable
Annual Maintenance Charges	Rs. 400 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory) (Not Applicable for BSDA clients)	Rs.500 p.a (without DDPI & Dig. Contract Notes) (Not Applicable for BSDA clients)	Rs. 350 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory) (Not Applicable for BSDA clients)	Nil (DP Account, DDPI & Dig. Contract Notes Mandatory) (Not Applicable for BSDA clients)	Rs. 1000 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory) (Not Applicable for BSDA clients)	
Sales - Through Sharekhan	Nil	Nil	Rs. 6 Per transaction	Rs. 6 Per transaction	Nil	
Purchases	Nil					
Delivery Handling Charges (DHC)#	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	N.A	N.A	N.A	
Sales - Not through Sharekhan/ Offmarket transfer/IDT	0.03% of the value of transaction (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	Per transaction
Dematerialisation	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Min. Rs.50 per request
Rematerialisation /Repurchase	Rs. 50 per certificate or Rs. 50 for every hundred securities					Per request
Margin Pledge Creation	A : Securities Margin Pledge			Rs. 20/- Per Transaction		
	B : Securities Pledge under Margin Funding			Rs. 30/- Per Transaction		
Pledge Creation	0.03% of the value of the transaction (Min Rs.100)					Per transaction
Freeze/De-freeze	Rs.25					Per request
Stock Lending & Borrowing	0.02% of the value of the transaction (Min Rs.100)					Per request
Advance	Rs.500			Rs.1000		Advance which will be adjusted Against billing (Optional)

**This Scheme is valid for 10 years from the date of execution and then would be converted to TC 100.

Note: 1. Sharekhan reserves the right to revise the tariff by providing 30 days notice & this will be binding on all. 2. Any service not quoted above will be charged separately. 3. Transaction statement : Will be sent as per NSDL requirements at no extra cost. Every extra Statement shall be charged at Rs.10. If the number of pages exceeds 10 then every additional page will be charged at the rate of Rs.3 per page. 4. All charges are exclusive of GST. 5. In case of non payment of DP charge, Sharekhan may levy interest@18% p.a.

SHAREKHAN LIMITED

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA
Tel : 022 - 67502000 | Fax : 022-24327343

Date : ____ / ____ / ____

Sharekhan

by BNP PARIBAS

Application No.

Acknowledgment Slip

Received the application from the following holder/s for opening a trading & depository account. Please quote the Client Code, DP ID & Client ID allotted to you in all your future correspondence.

Name of 1st Holder	Name of 2nd Holder	Name of 3rd Holder

Received Cheque No. _____ Amount _____ Bank Name _____

Received Cheque No. _____ Amount _____ Bank Name _____

Executive Name : _____ Executive Sign : _____

Outlet Name : _____ Outlet Code : _____

For all queries, please call 022 69920600 (Local Call Charges) / 022 - 6115 0000 (If you are in Mumbai)

For DP Inquires & Queries email at dpcall@sharekhan.com & Broking Queries email at myaccount@sharekhan.com

Note : "Kindly DO NOT handover Cash / Shares to the sales executive for any reason whatsoever.

Sharekhan
Seal and Signature

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Achieve Financial Freedom **SIP by SIP**

**Set up Systematic Investment Plans
in mutual funds**

Sharekhan

by BNP PARIBAS