



Client Registration Form

ALICE BLUE FINANCIAL SERVICES ALICE BLUE FINANCIAL SERVICES PVT LTD.

Individual / Non Individual

Form No. : 00000082

Client Name : NALLENTHRAN SETTU

Client Code : AB0083

Branch /RM Name : BENGALURU

Sub-broker /AP Name : NA

Group Code : NA

Terminal Code : RT04,RT09

FOR OFFICE USE ONLY

- | | |
|--------------------------------------------------|----------------|
| <input checked="" type="checkbox"/> NSE Cash | Status: Active |
| <input checked="" type="checkbox"/> NSE F & O | |
| <input checked="" type="checkbox"/> BSE Cash | |
| <input checked="" type="checkbox"/> BSE Currency | |

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM



A. IMPORTANT POINTS

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self - attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign 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 a minor's account with Depository Participant or Mutual Fund, 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 trusted 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. Copy of cancelled cheque leaf/passbook/bank statement specifying name of the constituent, MICR code or/and IFSC Code of the bank should be submitted.
13. Demat master or recent holding statement issued by DP, bearing name of the client.
14. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/ sub-broker's office

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

1. PAN card with photograph. This is a mandatory requirement for all applications except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving License.
3. Identity card/document with applicant's Photo, issued by any of the following:

Central/State Government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, BAR Council etc., to their Members; and Credit Cards/Debit Cards issued by Banks.

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

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

1. Passport/ Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill not more than 3 months old.
3. Bank Account Statement/Passbook-Not more than 6 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Banks/Multi-national Foreign Banks/Gazetted officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges Affiliated to Universities and professional bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and /or apostiled or consularised) that gives the registered address, should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

Employee Signature :

Index



Name of the Document	Brief Signature of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGE		
Account Opening Form	PART 1 - KYC form - Document Captures the basic information about the Constituent and an instruction/check list	2
part II - Application for opening a Demat Account		3-4
part II - Nominate form for Demat Account		5
Annexure - Regular/Basic Service Demat Account BSDA) and Separate Mobile Number & Email ID Declaration		6-7
Other Details		8
Extended KYC Annexure - individuals including Sole - Proprietors) FACTA/CRS		9
Tariff		10
VOLUNTARY DOCUMENTS		
Running Account of Authorization		11
Power of Attorney		12
Client Registration Form - mutual Fund		13
Derivative Segment Support Document		14
Registered Office Address:	No.85/2, 3rd Floor, Royal Building, Sathy Road, Erode-638003, Tamil nadu. Phone : 0424 - 2220124, Fax : 4021124,	
Correspondence Office:	No. 153/2, M.R.B.Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bangalore - 560 063, Karnataka Email: askus@aliceblueonline.com, Web:aliceblueonline.com, Tel:08028478599	
Compliance officer:	Mr. R Muthuraj Prabhu, Contact no: 080-67645500, Email:grievances@aliceblueindia.com	
CEO:	Mr. M. Sidhavelayutham, Contact No:+91-9840992691, Email:sidhavelayutham@aliceblueindia.com	

Exchange/Dp	Member Code/ID	SEBI Registration No.	Segment	For any grievance/dispute please contact Alice Blue Financial services.
BSE	6770	INZ000156038	CASH/F&O/CD	At the above address or email grievances@aliceblueindia.com and phone no : 080 - 67645555 and for escalation you may write to us at askus@aliceblue.com
NSE	90112	INZ000155928	CASH/F&O	In case not satisfied with the response, please contact concerned exchanges BSE at is@bseindia.com and phone No : 022 - 22728097 and NSE at ignse@nse.co.in and phone No. 022 - 26598190
CDSL	12085300	IN-DP-364-2018		

CIN : U65929TZ201PTCO28583 Clearing Memer : Globe Capital Market Limited
 SEBI Registration No INZ000177137
 609, Ansal Bhawan, 16, K.G. Marg, Connaught Place,
 New Delhi-110 001(India),
 Phones:91-11-30412345 (30 Lines)
 Fax: 91-11-23720883, 91-11-23766739
 Email: mail@globecapital.com

BSE-GSTIN NO : 29AAPCA244K1Z9
NSE-GSTIN No : 29ABHFA6163C1ZJ

Important Instructions

General

- 1 Trading Account will be in the name of First/Sole holder of Demat and/or Bank A/c only
- 2 Thumb impression and signatures other than English, Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a special Executive Magistrate
- 3 Witness should be a person other than co-holder / joint holder
- 4 The applicant should authenticate any corrections/ alteration in the account opening form
- 5 All the fields in the Form must be filled up otherwise the Form may be rejected
- 6 The Applicant has to sign wherever sign mark F,S,T is mentioned {F-First Holder, S-Second Holder, T-Third Holder}
- 7 In case of Second or Third Holder applying for demat account, download the Know Your Client KYC form from our website and submit along with AOF, with proofs.
- 8 Signature should be preferably in black ink. **Incase of any correction/cancellation, please provide counter signature on the left side of the page.**

Bank Details

- 1 Cheque/DD towards Registration fees & other charges should be drawn in favour of " AliceBlue Financial Services PVT LTD"
- 2 It is mandatory to provide complete All Bank Accounts' details. In absence of complete details, form may be rejected

Demat Account:

- 1 For Demat Account, Joint Holder and Nominee cannot be the same person
- 2 Photographs to be signed across and pasted Not Stapled) for all the holders in Demat as well as the nominee and his/her guardian
- 3 In case of joint applicants for Demat Account, copy of PAN, Proof of Address and Proof of Identity for all Applicants is mandatory
- 4 Demat Account cannot be linked with Trading Account where minor is the joint holder in Demat account

Important Instructions:

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



For office use Only	Application Type*	<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	Application No.: WB00000082
To be filled by financial institution)	KYC Number	0 0 0 0 0 0 8 2	Mandatory for KYC update request)
	Account Type*	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Simplified for low risk customers)	<input type="checkbox"/> Small

1. PERSONAL DETAILS)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* Same as ID Proof) MR	NALLENTHRAN		SETTU
Maiden Name If any*)			
Father / Spouse Name*	MR	NALLENTHRAN	NALLENTHRAN
Mother Name*	MRS	NALLENTHRAN	NALLENTHRAN
Date of Birth*	1 1 / 0 6 / 1 9 9 3		
Gender*	<input checked="" type="checkbox"/> M- Male <input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	<div style="border: 1px solid #ccc; padding: 5px; width: 100px; height: 100px;"></div> <div style="text-align: center;">PHOTO</div> <div style="border: 1px solid #ccc; padding: 5px; width: 100px; height: 100px;"></div> <div style="text-align: center;">Signature / Thumb Impression</div>
Marital Status*	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input checked="" type="checkbox"/> IN- Indian <input type="checkbox"/> Others ISO 3166 Country Code		
Residential Status*	<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		
Occupation Type*	<input checked="" type="checkbox"/> S-Service <input type="checkbox"/> private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)		
PAN*	A S G P N 0 6 6 0 F	Please refer instruction I at the end)	

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA

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

ISO 3166 Country Code of Jurisdiction of Residence*

--

Tax Identification Number or equivalent If issued by jurisdiction)*

--

Place / City of Birth*

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ISO 3166 Country Code of Birth*

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3. PROOF OF IDENTITY PoI)*

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

<input type="checkbox"/> A-Passport Number	NA	<input type="checkbox"/> Passport Expiry Date	NA	-	□	-	□	□
<input type="checkbox"/> B-Voter ID Card	NA							
<input checked="" type="checkbox"/> C-PAN Card	A S G P N 0 6 6 0 F							
<input type="checkbox"/> D-Driving Licence	NA	<input type="checkbox"/> Driving Licence Expiry Date	NA	-	□	-	□	□
<input checked="" type="checkbox"/> E-UID Aadhaar	6 0 2 2 7 5 5 5 6 5 6 1							
<input type="checkbox"/> F-NREGA Job Card	NA							
<input type="checkbox"/> Z-Others any document notified by the central government)	NA	<input type="checkbox"/> Identification Number	NA					
<input type="checkbox"/> S-Simplified Measures Account - Document Type Code	NA	<input type="checkbox"/> Identification Number	NA					

4. PROOF OF ADDRESS PoA)***4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

Certified copy of any one of the following Proof of Address[PoA] needs to be submitted)				
Address Type*	<input type="checkbox"/> Residential / Business	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office
Proof of Address	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID Aadhaar	<input type="checkbox"/> Unspecified
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NRGEA Job Card	<input type="checkbox"/> Others	<input type="checkbox"/>
	<input type="checkbox"/> Simplified Measures Account - Document Type	NA		

Address

Line1*	3 / 234 PERIYAR NAGARALATHUR TALUKIRUR			
Line2*	MS MANDAPESHWAR HILL			
Line3*	9898898	City / Town / Village*	BENGALURU	
District*	BANGALORE	Pin / Post Code*	5 6 0 0 6 3	State / U.T Code* K A ISO 3166 Country Code* I N

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same as Current / Permanent / Overseas Address Details in case of multiple correspondence / local addresses,)

Line1*	3 / 234 PERIYAR NAGARALATHUR TALUKIRUR							
Line2*	MS MANDAPESHWAR HILL							
Line3*	9898898			City / Town / Village*		BENGALURU		
District*	BANGALORE	Pin / Post Code*	5 6 0 0 6 3		State / U.T Code*	K A	ISO 3166 Country Code*	I N
Proof of Address*	<input type="checkbox"/> Passport		<input type="checkbox"/> Driving Licence		<input type="checkbox"/> UID Aadhaar)			
	<input type="checkbox"/> Voter Identity Card		<input type="checkbox"/> NREGA Job Card		<input type="checkbox"/> Others			
	<input type="checkbox"/> Simplified Measures Account - Document Type code							

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSE*)

Same as Current / Permanent / Overseas Address Details Same as Correspondence / Local Address Details

Line1*	NA						
Line2*	NA						
Line3*	NA			City / Town / Village*		NA	
District*	NA	Zip / Post Code*	NA	State / U.T Code*	NA	ISO 3166 Country Code*	NA

5. CONTACT DETAILS

Tel. Off)	NA	-	NA	Tel. Res)	NA	-	NA	Mobile	9 1	-	9 4 4 4 5 4 8 6 1 2
FAX	NA	-	NA	Email ID	nallenthran@aliceblueindia.com						

6. DETAILS OF RELATED PERSON

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person If available*)	NA	
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name
NA	NA	NA	NA	NA

If KYC Number and name are provided, below details of section 6 are optional) Tel. Off)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*)

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

7. REMARKS If any) All communications will be sent on provided Mobile no./ Email-ID)

NA
NA
NA

8. APPLICANT DECLARATION

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

Date: 0 9 - 0 8 - 2 0 1 8

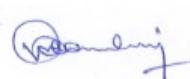
Place:

BENGALURU

Signature/Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copied

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS
Date	0 9 - 0 8 - 2 0 1 8	Name N / A
Emp. Name	V e n k a t V a m s i	Code N / A
Emp. Code	C 0 9 8 8	
Emp. Designation	B a c k o f f i c e E x e c u	
Emp. Branch	K A 0 2	
		

AliceBlue Financial Services PVT LTD
No.153/2, M.R.B. Arcade, Bagalur Main Road, Dwaraka Nagar
Yelahanka, Bangalore - 560063. Karnataka.

DEPOSITORY ACCOUNT S) DETAILS

Important Instructions

- Leave this Client ID blank if you are opening DP Account along with Trading Account.
- The First Holder in the DP Account must be the Trading Account Holder.

Depository Participant Name: AliceBlue Financial Services PVT LTD	Beneficiary Name	NALLENTHRAN SETTU
Depository Name CDSL	DP ID	1 2 0 8 5 3 0 0
Depository Participant Name:	Beneficiary Name	NALLENTHRAN SETTU
Depository Name CDSL/NSDL	DP ID	1 2 0 8 5 3 0 0
		Client ID NA

Type of Account Please tick whichever is applicable)

Status	Sub - Status		
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Minor	<input type="checkbox"/> Individual Margin Trading A/C MANTRA)
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Others specify)	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI Depository Receipts	<input type="checkbox"/> Others specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign Depository Receipts	<input type="checkbox"/> Others specify) _____

To be filled by the applicant in **BLOCK LETTERS** in English with a black ballpoint pen

I / We request you to open a Demat Account in my / our name as per the following details:

Holders Details

Other Details

<input type="checkbox"/> Sole / First Holder	Gross Annual Income:	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	<input checked="" type="checkbox"/> > 25 Lacs
Net-worth in ₹	255555555555	as on date)				<input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 8
Occupation:	<input checked="" type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others Please specify)		

<input type="checkbox"/> Second Holder	Gross Annual Income:	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs
Net-worth in ₹	*Net worth should not be older than 1 year)			as on date)		
Occupation:	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others Please specify)		

Please tick, if Applicable:

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

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?

Yes No

I/We authorize and agree to receive call or SMS from AliceBlue Financial Services PVT LTD. & its associates with reference to products and offerings. This authorization shall override my/our registration for DND / DNC / NDNC, if any

Yes No

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

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

Sub-broker's Name NA _____

SEBI Registration number NSE INS 23 _____ BSE INS01 _____

Registered Office NA _____ City/Town/Village _____ NA _____

No.153/2, M.R.B. Arcade,
Bagalur Main Road,
Dwaraka Nagar,
Yelahanka, Bangalore - 560063. Karnataka. NA _____ State NA _____

Pin Code NA _____ Country NA _____ Tel No. Fax NA _____

Mobile No. _____ Email id _____ Website _____

Whether dealing with any other stock broker/sub-broker if case dealing with multiple stock brokers/sub-brokers, provide details of all)	Name of stock broker _____
	Name of Sub-Broker / Authorised Person, if any _____
	Client Code _____ Exchange _____
	Details of disputes/dues pending from/to such stock broker/sub- broker/authorised person: _____

PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years	<input checked="" type="checkbox"/> No
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INTRODUCER DETAILS optional)

Name of Introducer NA _____

Status of Introducer Sub-broker Remiser Authorised Person Existing Client Others please specify _____

Partner Code / Client Code / Employee Code SAP ID NA _____

No.153/2, M.R.B. Arcade, Bagalur NA _____
Main Road, Dwaraka Nagar,
Yelahanka, Bangalore - 560063.

Karnataka.

City/Town/Village NA _____

State NA _____

Tel No. NA _____

Pin Code NA _____

Signature of Introducer

DECLARATION

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

2. I/We confirm having read/been explained and understood the contents of document on policy and procedures of the stock broker and the tarriff sheet.

3/ I/We future confirm having read and understood the contents of the Rights and Obligation document(s) and Risk Disclosure Document. I/We do hereby agree to be bound by such provisios as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock brokers designated website,i.e www.aliceblueonline.com.

PLACE : B E N G A L U R U **DATE :** 0 9 0 8 2 0 1 8
 S12
Signature of Client

FOR OFFICE USE ONLY (Employee to fill details and sign)

UCC Code allotted to the Client :

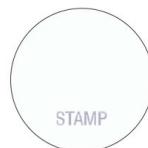
A	B	0	0	8	3	<input type="text"/>											
---	---	---	---	---	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

We undertake tha 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 if Rights and Obligationsdocument(s),RDD and Guidance Note. We have given/sent him a copy of all the KYC documents would be duly intimated to the clients. We also undertake that any changes in the Rights and Obligations and RDD would be made available on our website, if any, for the information of the clients.

DATE : 0 9 0 8 2 0 1 8

Employee Name: Venkat Vamsi

Employee Code: C0988



Employee Signature

Nomination Details

Registration No. office use): _____ Dated _____

0 9 0 8 2 0 1 8

I/We the sole holder / Joint holders / Guardian in case of minor) hereby declare that:

 I/We do not wish to nominate any one for Demat & Trading Account. I/We nominate the following person who is entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of my/our death.

Full Name NA _____

of Nominee NA _____

UID NA _____ PAN NA _____

No.153/2, M.R.B. Arcade, Bagalur Line 1) NA _____

Main Road, Dwaraka Nagar, NA _____

Yelahanka, Bangalore - 560063. NA _____

Karnataka. NA _____

Line 2) NA _____

City NA _____ State NA _____

Country NA _____ PIN NA _____

Telephone No. NA _____ Fax NA _____

E-mail ID NA _____

Relationship with applicant If any) NA _____ Age NA _____

Date of Birth mandatory if nominee is a minor) DD MM MY YY YY YY

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I / We appoint following person to act as **Guardian**

Guardian First Name Mr. / Ms. NA _____

Guardian Middle Name NA _____

Guardian Last Name NA _____

Country NA _____ PIN NA _____

Telephone No. NA _____ FAX NA _____

Relationship of Guardian with nominee NA _____ Age NA _____

E-mail ID NA _____

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

Note: Two witnesses shall attest signature s) / Thumb impression s).

Details of the witness

I/We acknowledge the receipt of copy of document, "Right & Obligations of the Beneficial Owner & Depository Participant". The rules and regulations of the FATCA & CRS, Depository and Depository Participants Pertaining to the account which are in force now have been read by me/us and I/We have understood the same and I/We agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations.

Details of the witness

	First witness	Second witness
Names of witness		
Address of witness		
Signature of witness		

I have received and read the Rights & Obligations document, Risk Disclosure document, Policies & Procedures, Tariff Sheet and Terms & Conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I declare that the particulars given by me above are true and to the best of my knowledge as on the date of making this application. I agree and undertake to intimate the DP/Member any change(s) in the details / Particulars mentioned by me in this form. I further agree that any false / misleading information given by me or suppression of any material information will render my account liable for termination and suitable action. I have also been informed that the standard set of document has been displayed for information on Trading members website and the same is made available to me.

	First / Sole Holder or Guardian in case of Minor)	Second Holder	ThirdHolder
Name	NALLENTHRAN SETTU		
Signature	F11	S2	T2

IMPORTANT Password for your account will be sent on your registered email ID only, login ID and alerts on mobile no. as mentioned in KYC form.

**ANNEXURE - REGULAR / BASIC SERVICE DEMAT ACCOUNT (BSDA) AND SEPARATE
MOBILE NUMBER & EMAIL ID DECLARATION**



DECLARATION BY DEMAT ACCOUNT HOLDER/s

Date

0	9	-	0	8	-	2	0	1	8
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 Application No.

W	B	0	0	0	0	0	0	8	2
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 DPID

1	2	0	8	5	3	0	0
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 Client ID NA

--	--	--	--	--	--	--	--

UIDID

6	0	2	2	7	5	5	6	5	6	1
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Dear Sir/Madam,

The appended tariff will be applicable for the customer opting Regular/Basic services Demat Account.

ANNEXURE - REGULAR / BASIC SERVICES DEMAT ACCOUNT (BSDA)

		<input type="checkbox"/> I wish to open a Regular Demat Account	<input type="checkbox"/> I wish to open a Basic Service Demat Account (BSDA)	
Sr. No	Nature of Services	Regular Demat Account		Basic Services Demat Account(BSDA)
		Fees	Min	Fees
1	Account Opening Charges		NIL	
2	Debit Transaction Equity/Mutual Funds(Market/Off Market)	Rs. 20/-	0.06% Of the value of the txn	Rs. 40/-
		Rs. 25/-		Rs. 45/-
		Rs. 40/-		Rs. 60/-
3	Debit Transaction Debt/Mutual Funds(Market/Off Market)	Rs. 20/-	0.06% Of the value of the txn(Max Rs. 5000/-)	Rs. 40/-
		Rs. 25/-		Rs. 45/-
		Rs. 40/-		Rs. 60/-
4	Credit transactions		NIL	
5	Pledge Services (Creation/Invocation/Closure)	0.02% Of the value of the txn	Rs. 40/-	0.04% Of the value of the txn
		0.04% Of the value of the txn	Rs. 40/-	Rs. 60/-
6	Reissuance of Delivery Instruction Booklet(DIB)		Rs.100/- per Booklet	
7	Dematerialisation Certificate + Dematerialisation Request		Rs.10/- per Certificate + Rs.50/- per request	Rs.40/-
8	Rematerialisation	Rs.30/- per request+NSDL/CDSL actual,Currently a) Rs.10/- for every hundred securities or part thereof a flat fee of Rs.10/- per certificate whichever is higher	Rs.40/-(min) Rs.5,00,000(max)	Rs.30/- per request+NSDL/CDSL actual,Currently a) Rs.10/- for every hundred securities or part thereof a flat fee of Rs.10/- per certificate whichever is higher
		Reconversion of Mutual Funds Rs 30/- per request + NSDL/CDSL actual, Currently Rs 5.50/- per request in CDSL	Reconversion of Mutual Funds Rs 30/- per request + NSDL/CDSL actual, Currently Rs 5.50/- per request in CDSL	
9	Courier/Postal charges only (Adhoc Statement)	Inland Address Rs.100/- per request		Rs.100/- per request
		Foreign Address Rs.500/- per request		Rs.500/- per request
10	Annual Maintenance Charges		NIL	
11	Poa		150 + GST	

Term & Conditions:

- 1.Demat customers eligible for the BSDA facility need to register their mobile number for the SMS alert facility for debit transactions
2. The above charges are exclusive of GST levied @ 18% and other taxes/statutory charges levied by government bodies/statutory authorities from time to time, which will be charged as applicable.
- 3.In case the Demat accounts with BSDA facility does not meet the listed eligibility as per guideline issues by SEBI or any such authority at any point of time, such BSDA accounts will be converted to Standard Program Demat accounts without further reference to the respective customers and will be levied standard program pricing
- 4.Incase if the Demat accounts with BSDA facility exceed the prescribed limits and move out of the stipulated BSDA criteria, the eligibility of such accounts for BSDA facility will be evaluated on the last day of the Annual billing cycle.
- 5.The value of the transaction will be in accordance with rated provided by Depositories (NSDL/CDSL)
- 6.The transaction charges will be payable monthly. The charges quoted above are for the services listed.Any services not quoted above will be charged separately.
- 7.The operating instructions for the joint accounts must be signed by all the holders.
- 8.All instructions for transfer must be received at the designated DP servicing branches at least 24hours before the execution date.
- 9.The charges for processing of instructions submitted on the execution date(accepted at client risk) will be 0.25% on the value of transaction, minimum of RS.25/- per instruction.
- 10.In case of non-recovery of Debit charges due to inadequate balance in your linked trading account or inadequate advances fees or invalid trading account, the Depository services for your account will be temporarily discontinued. Any request for resuming the services will be charged at Rs.250/- and services for your account will be temporarily discontinued. Any request for resuming the services will be charged at Rs.250/- and services will be resumed in a minimum of three working days from the date of receipt of request will AliceBlue Financial Services (P) Ltd and post payment of all outstanding dues towards depository charges.
- 11.In case the Demat accounts are with nil balances/transactions or incase if the customer defaults in payment of AMC, the physical statement shall not be sent to the customer after period of year. However the electronic statement of holding will be sent only to the customers whose email Ids are registered for e-statement.

SEPARATE MOBILE NUMBER & EMAIL ID DECLARATION

	Name of the Customer	Mobile Number	Email ID of the customer
1st Account holder	NALLENTHRAN SETTU	9444548612	nallenthran@aliceblueindia.com
2st Account holder			
3st Account holder			

S5

Signature

Signature 1st holder

Signature

Signature 2nd holder

Signature

Signature 3rd holder

OTHER DETAILS

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

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

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

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

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

I/We authorise the DP to use the contact information email ID / mobile no.) as provided in the KYC form for the purpose of Registration.

BO ID

NA

Please write your 8 digit DPID)

NA

Please write your 8 digit Client ID)

Sole / First Holder's Name

NALLENTHRAN SETTU

Second Holder's Name

Third Holder's Name

Mobile Number on which messages are to be sent : **as specified in KYC form*

Email ID: **as specified in KYC form*

	First / Sole Holder or Guardian in case of Minor)	Second Holder	ThirdHolder
Signature	F12	S3	T3

IMPORTANT: Password for your account will be sent on your registered email ID only, login ID and alerts on mobile no. as mentioned in KYC form.

Place : BENGALURU

Date: 09/08/2018

(Applicable for Resident and Non-Resident Customers)

CBDT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified rules 114F to 114H, as a part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institution such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request of information if you have multiple relationships with AliceBlue Financial Services (P) Ltd. or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CBDT Instruction

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant **Curing Documents** as mentioned below:

FATCA/CRS Indicia observed (ticked)		Documentation required for cure of FATCA/CRS Indicia
		If customer does not agree to be specified U.S. person/reportable person status
1	U.S. Place of Birth	1. Self -certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issues document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of Certificate of loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2.	Residence/mailing address in a country other than India.	1. Self-Certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3.	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-Certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4.	Standing instruction to transfer to an account maintained in a country other than India	1. Self-Certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body *
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity Card, etc.)

***Government or agency thereof or a municipality**

For Alice Blue Financial Service (p) Ltd/ Alice Blue Financial Services

Sourcing Branch Name : KA02

Branch Code B E N G A L U R U

Signature Verified and form approved by : BDA/BM employee Code : C0988  Signature :

Brokerage	
Cash Intraday (%)	
Cash Delivery (%)	
Futures (%)	
Options (Per lot per Side in Rs.)	20+GST
Other Charges	NIL
Documentation/ Processing Charges	Rs 100 +GST
KRA Registration Charges	
For Physical Contract Notes / Statements	Actual Postage Charges
For Cheque Bounce/ Cheque Cancellation	Rs 500 per Cheque plus GST
Interest on Delayed Payment	0.1% per day
Delivery Instruction Book Charges	Rs
Square off Charges	Rs 20 + GST
Call and Trade Charges	Rs 20 + GST
Payment Gateway Charges	Rs 10 + GST
Short Margin Penalty for Consecutive 3days	@5% on the shortfall from fourth day.
Clearing Member Charges	
Cash	Rs 100 per Crore of Turnover
Futures	Rs 115 per Crore of Turnover
Options	Rs 2000 per Crore of Transaction
Currency Options	Rs 2000 per Crore of Transaction
Currency Derivatives	Rs 200 per Crore of Transaction
Statutory charges: GST, STT, Transaction Charges, Stamp Duty, etc are applicable as per rules	
GST 18%	Brokerage, Clearing Member Charges, TOC
Securities Transaction Tax(STT)	
Delivery in Cash	0.10%
Intraday in Cash only on Selling side	0.025%
Futures only on selling Side	0.01%
Options only on Selling Side	0.05%
Sale of an option, where option is exercised/assigned	0.125%
Exchange Levy and stamp Duty	As applicable from time to time based on the states
Client Additional Service Charges (If Any)	Rs
User ID Charges	Rs
Account Maintenance Charges	Rs
SMS Charges	Rs

Signature:

Signature of Client

Place: BENGALURU

VOLUNTARY DOCUMENTS

RUNNING ACCOUNT AUTHORISATION

I confirm that my account may be maintained on a running account basis, hereby instead of paying any amounts or securities representin mark to market profits, you shall retain, withhold, set-off and/or appropriate the same for such purpose and in such manner as you deem fit and release the funds and / or securities due to me, on my specific request, either writtem or oral. I am aware that i have the right to amend or revoke this authorisation, at any time, by way of an amendment/revocation letter.

I understand that, as per SEBI letter No. MIRSD-2/OW/28238/2013 dated October 29, 2013 the actuals settlement of fundsand securities shall be done by the broker, atleast once in a calendar quarter of month, as per aforesaid SEBI circular. However, I am one of your regular traded client, to address the administrative/opeational difficulties in setting the account of mine, you may retain an amount of up to Rs. 10,000/- (net amount across segment and acros stok exchanges.)

I confirm that you may settle the account once calender

Quarterly

OR

monthly

OTHER CONSENT

As a subscriber to the services offered by AliceBlue Fiancial services Group. I hereby instruct AliceBlue Financial Services Groups. To provide the following communications through the medium of short messages services and / or telephone calls on my registered phone number(s):(a) Research and investment ideas Whether developed in-house and / or outsourced agencies; (b) Market related alerts; (c) Offers pr subscription to new products/ services from time to time;(d) Account and trading related information and other notifications pursuant to the services provided under the captioned aggreement;(e)Information relating to invetment products and services: (f) Any other services to aide in wealth creation process.

CONSENT FOR ADDITIONAL RIGHTS & OBLIGATIONS / TARIFF SHEET

I acknowledge and declare that i have received in physical / electronic, read and understood, acknowledge and agreed to the contents of-

1. The rights and obligations docuemnt [Part-A (page 1-4)]
2. The risk disclosure document [Part-A (page5-9)]
3. The policies and procedures [Part-A (page9-11)]
4. RMS Policy [Part-A (page12-13)]
5. The additional rights and obligations document [Part-A (page14-18)]
6. Terms And Conditions for availing Transaction Using Secured Texting(TRUST) Service offered by CDS[Part-B (page1)]
7. Rights and Obligations of beneficial Owner and Depository Participant as Prescribed by SEBI and Depositories[Part-B (page2-3)]

DOWNLOAD FORMS AT
(www.aliceblueonline.com)

NAME :

N	A	L	L	E	N	T	H	R	R	A	N			S	E	T	T	U							
0	9	0	8	2	0	1	8																		

DATE :

PLACE : B E N G A L U R U

CLIENT REGISTRATION FORM - MUTUAL FUND**MUTUAL FUND SERVICE SYSTEM FACILITY (MFSS)/ BSE START MF CLIENT REGISTRATION FORM**

I/we am/are registered as your client NALLENTHRAN SETTU with above mentioned UDN No./Client Code No NA or the purpose of trading in the capital Market Segment of national Stock Exchange of India Ltd. (Exchange) / BSE Ltd.

I/we am/are interested in availling the MFSS/BSE STAR MF Facility of the Exchange for the purpose of dealing in the units of mutual Funds Schemes permitted to be dealt with on the MFSS/BSE StAR MF of the Exchange.

for the purpose of availling the MFSS/BSE StAR MF facility, I/WE state that know your client details as submitted by me/us for the stock broking may be considered for the purpose of MFSS/BSE StAR MF and I/WE further confirm that the details contained in same remain unchanged as on date, I/WE are willing to abide by the terms and conditions as mentioned in the circular dated November 24, 2009 (NSE)/December 02, 2009 (BSE) and as may be specified by the Exchange from the time to time by Securities and Exchange Board of India(SEBI) and Association of Mutual Funds of India (AMFI).

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

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

I/We hereby confirm having read and understood the terms and conditions and disclosures provided overleaf.

For Mfss(NSE)

S18 Signature of Client

For BSE StAR MF

S19 Signature of Client

DETAILS OF TERMS & CONDITIONS FOR THE INVESTOR / CLIENT FOR USING NEW MFSS FACILITIES / BSE STAR MF PLATFORM**1. Pre - requisites for becoming investor / Client for the New MFSS facility / BSE StAR MF platform**

1.1. The Client who is desirous of investing in units of Mutual Fund Schemes through the New MFSS/the BSE StAR MF

1.2. The Client intends to execute his instruction for the subscription/redemption of units of Mutual Funds Schemes through the Participant/the broker who is a Mutual Fund Intermediary(MFI) of the new MFSS/BSE STAR MF platform

1.3. The Client has satisfied itself of the capacity of the Participation/MFI to deal in Mutual Fund units and wishes to execute its instruction through the Participant/MFI and the client shall from time to time continue to satisfy itself of such capability of the participant/MFI before executing transacting through the participant/MFI.

1.4. The Client has submitted relevant KYV (Know Your Client) details to the participant/MFIs

2. Terms and conditions

2.1. The Client shall be bound by circulars/notices issued by NSEIL/BSE from time to time including the circulars issued by NSEIL since 2009 onwards and circulars issued thereafter and circulars issued there under SEBI and relevant notifications of Government authorities as may be in force from time to time.

2.2. The Client shall notify the Participant/MFI in writing if there is any change in the information in the client registration form provided by the client to the participant/MFI at the time registering as a client for participating in the new MFSS/StAR MF platform or any time thereafter.

2.3. The Client shall submit to the participation/MFI a completed application form in the manner prescribed format for the purpose of placing a order with the participant/MFI.

2.4. The Client has read and understood the risks involved in investing in Mutual Fund Schemes.

2.5. The Client shall be wholly responsible for all his investment decision and instruction.

2.6. The Client shall ensure continuous compliance with the requirement of NSEIL/BSE, SEI and AMFI.

2.7. The Client shall pay to the Participant /MFI fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant/MFI renders to the Client.

2.8. The Client will furnish information to the Participant/MFI in writing, if any winding up petition or insolvency petition has been filed or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.

2.9. In the event of non-performance of the obligation by the Participant/MFI, the client is not entitled to claim any compensation either from the investor Protection Fund or from any fund of NSEIL/MFIs or NSCCL/Indian Clearing Corporation LTD.(ICCI).

2.10. in case of any dispute between the Participants/MFIs and the investors arising out of the MFSS facility/BSE StAR MF platform, NSEIL/BSE and / or NSCCL/ICCI agrees to extend the necessary support for the speedy redressal of the disputes.

Declaration: I am fully aware that

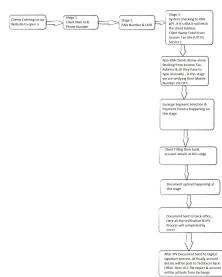
- I would need to keep clear that balances in my DP accounts for the transaction to be processed.
- I have understood the terms and conditions attached herewith and agreed to the same.
- I have understood Alice Blue Securities(P) Ltd will place my order on a best effort basis.
- MutualFund Investments are subject to mark risk, please read the statement of Additional Information (SAI)/Offer document(OD)/Scheme.Information document(SID) carefully investing.

Alice Blue Financial Service(P) Ltd Offers execution based services only.

**IMPORTANT PRE - RECQUISITES FOR THE ACCEPTANCE OF THE REQUEST OF DERIVATIVE SEGMENTS,
BASED ON THE SUPPORTING DOCUMENTS**

LIST OF ACCEPTABLE DOCUMENTS	CONDITION IF ANY
Copy of ITR Acknowledgement (for last financial year)	Should have a gross income of more than Rs. 1.2 lakh
Copy of form 16 in case of salary income (for last financial year)	Should have a gross salary of more than Rs. 1.2 lakh
Net worth certificate (latest one or at the end of last financial year)	Should be dated and have a minimum value of Rs. 1.2 lakh
Salary slip (for one month in current financial year)	Gross salary should be more than Rs. 10,000
bank account statement for last 6 months*	There should be balance at least on a single day of more than equal to Rs. 10,000
Copy of Demat Account Holding Statement. (not more than 3 months old)*	The statement should display the value of securities lying in the Demat Account. The total value should be more than 10,000/-
Life Insurance Policy	(any insurance co. with minimum cover of two lakh)
KVP,NSC, IVP & Bonds	Should be valid as on date of submission and have a minimum value of Rs. 10,000/-
Bank FD's, Corporate FD's	Should be valid as on date of submission and have a minimum value of Rs. 10,000/-
Mutual Fund Statement	Statement should be more than 2 months old. The latest NAV and value should be more than Rs. 10,000/-
Ownership of Assets such as Gold	Value as mentioned on the bill should be Rs. 10,000/-
Letter from Society	The letter should state ownership of the flat. It should be on the letter head of the society.
RC Book of the Vehicle	List of acceptable documents.

- Bank statement as downloaded from the net banking or xerox of physical statement be submitted.
- In case of Demat Account statement where only holdings are mentioned without valuation, the same should be manually mentioned on the date of submission should be self attested by the client or the employee of Depository Participant(DP)



Verified with original On

0	9
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0	8
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2	0	1	8
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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

W. van den Berg

RM Signature

E. OTHER DETAILS (Mandatory Information, to be filled by Client)

Gross Annual Income Details	Income Range per annum : <input checked="" type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000									
Net Worth as on (Date) :	Rs. _____									
(Net Worth should not be older than 1 year)										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input checked="" type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)										
<input checked="" type="checkbox"/> I/we instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes') <input type="checkbox"/> (Automatic Credit) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<input checked="" type="checkbox"/> I/we would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'No') <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Account Statement Requirements (If not marked, the default option would be as per SEBI Regulation) <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly										
<input checked="" type="checkbox"/> I/we request you to send Electronic Transaction-cum-Holding Statement at the email id <u>DEVI@ALLIEDBLUEINDIA.COM</u> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<input checked="" type="checkbox"/> I would like to share the email ID with the RTA <input type="checkbox"/> Yes <input type="checkbox"/> No										
<input checked="" type="checkbox"/> I would like to receive the Annual Report (Tick the applicable box, if not marked the default option would be in Physical) <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic										
<input checked="" type="checkbox"/> I/we wish to receive dividend/interest directly in to my/our bank account as given below through ECS. (If not marked, the default option would be 'Yes') <input type="checkbox"/> Yes <input type="checkbox"/> No (ECS is mandatory for locations notified by SEBI from time to time)										
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure B										
I wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
I have read and understood the Terms and Conditions prescribed by CDSL for TRUST. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
I wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST. <table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								

F. FATCA DETAILS OF NRIs/Foreign Nationals (Mandatory)

Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Sole/First Holder/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	Country of Birth	Country of Birth	Country of Birth	Country of Birth	Country of Birth
Country of Citizenship/Nationality	Country of Citizenship/Nationality	Country of Citizenship/Nationality	Country of Citizenship/Nationality	Country of Citizenship/Nationality	Country of Citizenship/Nationality
Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please provide Tax Payer Id
Country of Tax Residency* (Other than India)	Taxpayer Identification No.				
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name	DEVI	
Signatures	M. Devi	

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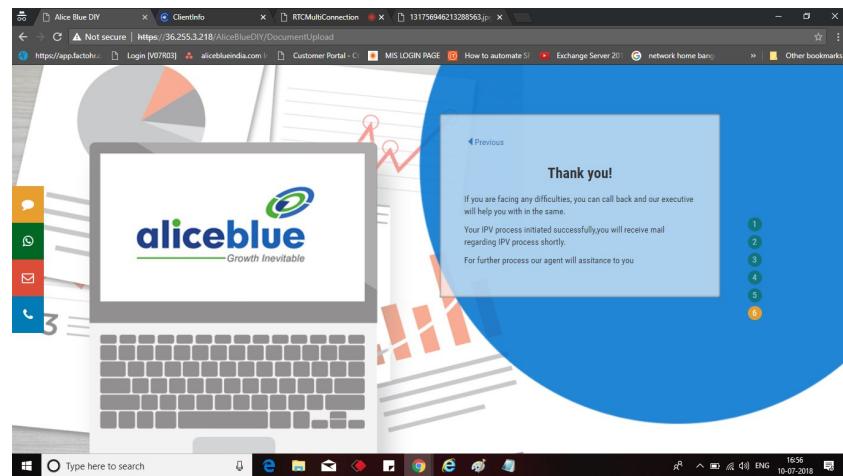
Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988



RM Signature



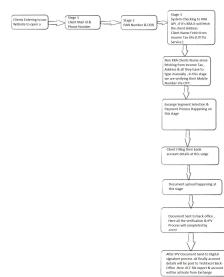
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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

RM Signature



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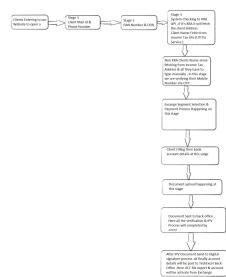
Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

W. van den Berg

RM Signature



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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

W. van der Linde

RM Signature

client-pcheque

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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988



RM Signature

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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988



RM Signature

[Download](#)

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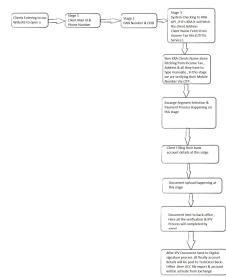
Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988



RM Signature



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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

W. van den Berg

RM Signature



1800 3070 1155

www.aliceblueindia.com

Equities | Commodities | Currencies



GenerateAndSignAccountOpeningPdf

ALICE BLUE COMMODITIES (P) LTD

Individual Only

Form No. : 00000082

Client Name : NALLENTHRAN SETTU

Client Code : AB0083

Branch /RM Name : BENGALURU

Sub-broker /AP Name : NA

Group Code : NA

Terminal Code : RT04,RT09

FOR OFFICE USE ONLY

MCX

Status: Active

INDEX

Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES		
KYC (Account Opening) Application Form	A. KYC Form - Document Capture the Basic Information about the constituent and an Instruction / Check List B. KYC Form - Part-II Document captures the additional information about the constituent relevant to trading account.	1- 4
Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the Commodity Exchange(s).	5
VOLUNTARY DOCUMENTS AS PRESCRIBED BY COMMODITY BROKER		
ECN Declaration	Electronic Contract Note Declaration for receiving contract notes by mail	6
Running account authorisation	Required for maintaining clients account on a running account basis and for otherauthorisation	7
Disclosure & Declaration under PMLA 2002	Disclosure by Member & Declaration by Client under PMLA 2002.	8
Disclosure Information	Pro - Account Disclosure Information	

Name of Commodity Broker - AliceBlue Commodities (P) Ltd.
 No.85/2, 3rd Floor, Royal Building, Sathy Road, Erode - 638003. Tamil Nadu. Phone : 0424 2220124, 4021124.
 Correspondence Office: No.153/2, M.R.B. Arcade, Bagalur Main Road, Dwaraka Nagar, Yelahanka, Bangalore - 560063.
 Karnataka. Email : askus@aliceblueonline.com. Web : aliceblueonline.com Tel : 080 - 28478599

Compliance Officer : Mr.K Rajesh, Contact No : 080- 28478599, Email : grievances@aliceblueindia.com
 CEO : Mr. M. Sidhavelyutham, Contact No: 91 9739429955 Email : sidhavelyutham@aliceblueindia.com

DETAILS OF EXCHANGE MEMBERSHIP

Exchanges	Membership No.	SEBI Registration No.
Multi Commodity Exchange (MCX)	TM 35290	IN Z000067533

EXCHANGE-WISE INVESTOR GRIEVANCE CELL

Exchanges	E-mail ID	Phone No.
Multi Commodity Exchange (MCX)	grievance@mcxindia.com	022-67318888

Important Instructions

General

- 1 Trading Account will be in the name of First/Sole holder of Demat and/or Bank A/c only
- 2 Thumb impression and signatures other than English, Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a special Executive Magistrate
- 3 Witness should be a person other than co-holder / joint holder
- 4 The applicant should authenticate any corrections/ alteration in the account opening form
- 5 All the fields in the Form must be filled up otherwise the Form may be rejected
- 6 Signature should be preferably in black ink. Incase of any correction/cancellation, please provide counter signature on the left side of the page.

Bank Details

- 1 Cheque/DD towards Registration fees & other charges should be drawn in favour of "Alice Blue"
- 2 It is mandatory to provide complete All Bank Accounts' details. In absence of complete details, form may be rejected.

Important Instructions:

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

For office use Only**Application Type*** New Update

Application No.: WB00000082

(To be filled by financial institution)

KYC Number

0 0 0 0 0 8 2

(Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small**1. PERSONAL DETAILS**

Prefix	First Name	Middle Name	Last Name
M R	N A L L E N T H R A N		S E T T U
NA			
M R	N A L L E N T H R A N		N A L L E N T H R A N
M R S	N A L L E N T H R A N		N A L L E N T H R A N
1 1 - 0 6 - 1 9 9 3			
<input checked="" type="checkbox"/> M-Male <input type="checkbox"/> F-Female		<input type="checkbox"/> T-Transgender <input type="checkbox"/> Others	
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried			
<input checked="" type="checkbox"/> IN-Indian <input type="checkbox"/> Others(ISO 3166 Country Code)			
<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian			
<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
<input type="checkbox"/> S-Service (<input checked="" type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student)			
<input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised			
PAN* A S G P N 0 6 6 0 F (Please refer instruction I at the end)			

PHOTO

**2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA**

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

ISO 3166 Country Code of Jurisdiction of Residence* NA

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

Place / City of Birth* NA

ISO 3166 Country Code of Birth* NA

3. PROOF OF IDENTITY(PoI)*

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

<input type="checkbox"/> A-Passport Number	NA	Passport Expiry Date	NA -
<input type="checkbox"/> B-Voter ID Card	NA		-
<input checked="" type="checkbox"/> C-PAN Card	A S G P N 0 6 6 0 F		
<input type="checkbox"/> D-Driving Licence	NA	Driving Licence Expiry Date	NA -
<input checked="" type="checkbox"/> E-UID (Aadhaar)	6 0 2 2 7 5 5 5 6 5 6 1		-
<input type="checkbox"/> F-NREGA Job Card	NA		
<input type="checkbox"/> Z-Others (any document notified by the central government)	NA	Identification Number	NA
<input type="checkbox"/> S-Simplified Measures Account - Document Type Code	NA	Identification Number	NA

4. PROOF OF ADDRESS(PoA)***4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NRGEA Job Card	<input type="checkbox"/> Others	NA	
	<input type="checkbox"/> Simplified Measures Account - Document Type			NA	
				NA	

Address

Line1*	3 / 2 3 4 P E R I Y A R N A G A R A L A T H U R T L U K I U R						
Line2*	M S M A N D A P E S H W A R H I L L						
Line3*	9 8 9 8 8 9 8	City / Town / Village*	B E N G A L U R U				
District*	B A N G A L O R E	Pin / Post Code*	5 6 0 0 6 3	State / U.T Code*	1 5	ISO 3166 Country Code*	I N

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* Same as Current / Permanent / Overseas Address Details (In case of multiple correspondence / local addresses)

Line1*	3	/	2	3	4	P E R I Y A R	N A G A R A L A T H U R	T L U K I U R							
Line2*	M S	M A N D A P E S H W A R	H I L L												
Line3*	9	8	9	8	9	8									
District*	B A N G A L O R E	Pin / Post Code*	5	6	0	0	6	3	State / U.T Code*	1	5	ISO 3166 Country Code*	I N		
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)						<input type="checkbox"/> Others	NA					
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card							<input type="checkbox"/> Simplified Measures Account - Document Type code						

 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSE* (Applicable if section 2 is ticked) Same as Current / Permanent / Overseas Address Details Same as Correspondence / Local Address Details

Line1*	NA														
Line2*	NA														
Line3*	NA								City / Town / Village*	NA					
District*	NA	Zip / Post Code*	NA						State / U.T Code*	NA		ISO 3166 Country Code*	NA		

5. CONTACT DETAILS

Tel.(off)	NA	-	NA	Tel.(Res)	NA	-	NA		Mobile	9	1	-	9	4	4	4	5	4	8	6	1	2	
FAX	NA	-		Email ID	n a i l e n t h r a n @ a l i c e b l u e i n d i a . c o m																		

6. DETAILS OF RELATED PERSON

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (If available*)	NA																			
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative																			
	Prefix	First Name	Middle Name	Last Name																		
Name*	NA	NA	NA	NA																		

(If KYC Number and name are provided, below details of section 6 are optional) Tel. (Off)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

<input type="checkbox"/> A-Passport Number	NA								Passport Expiry Date	NA	-	□	-	□	□	□	□	□	□	□	□	
<input type="checkbox"/> B-Voter ID Card	NA																					
<input checked="" type="checkbox"/> C-PAN Card	A	S	G	P	N	0	6	6	0	F												
<input type="checkbox"/> D-Driving Licence	NA								Driving Licence Expiry Date	NA	-	□	-	□	□	□	□	□	□	□	□	
<input checked="" type="checkbox"/> E-UID (Aadhaar)	6	0	2	2	7	5	5	5	6	5	6	1										
<input type="checkbox"/> F-NREGA Job Card	NA																					
<input type="checkbox"/> Z-Others (any document notified by the central government)	NA								Identification Number	NA												
<input type="checkbox"/> S-Simplified Measures Account - Document Type Code	NA								Identification Number	NA												

7. REMARKS (If any) (All communications will be sent on provided Mobile no./ Email-ID)

NA																						
NA																						
NA																						

8. APPLICATION DECLARATION

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

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

Date: 0 9 - 0 8 - 2 0 1 8

Place: B E N G A L U R U

Signature/Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

AMC/Intermediary name OR code

 (Originals verified) Self Certified Documents copies received (Attested) True copies of document received (Please refer instruction J at the end) Main IntermediaryIPV Done on 0 9 / 0 8 / 2 0 1 8

Seal/Stamp of the intermediary

Employee Name Venkat Vamsi

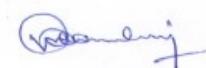
Designation Back office Executive

Intermediary N/A

Branch KA02

Code C0988

Signature



TARIFF

Brokerage	
Futures (%)	
Options (Per lot per Side in Rs.)	
T20 (Per Order)	Rs 20 + GST
Other Charges	
Documentation/ Processing Cgarges	Rs 100 + GST
KRA Registration Charges	NIL
For Physical Contract Notes/ Statements	Actual Postage Charges
For Cheque Bounce/ Cheque Cancellation	Rs. 500 per Cheque plus GST
Interest on Delayed Payment	0.1% per Day
Square off Charges	Rs 20 + GST
Call and Trade Charges	Rs 20 + GST
Payment Gateway Charges	Rs 10 + GST
Short Margin Penalty for Consecutive 3 days	@5% on the shortfall from fourth day
Clearing Member Charges	
Futures	Rs 100 per Crore
Options	Rs 2000 per Crore
Statutory Charges: GST, CTT, Transaction Charges, Stamp Duty, etc are applicable as per rules	
GST 18%	Brokerage, Clearing Member Charges, TOC
Commodities Transaction Tax (CTT)	
Futures (only on Selling Side)	0.01% (Non-agri)
Options (only on Selling Side)	0.05%
Sale of an option, where option is exercised/ assigned	0.0001%
Exchange Levy and Stamp Duty	As applicable from time to time based on the states
SEBI Charges	Rs 20 per Crore
Transaction Charges	Rs 260 per Crore
Client Additional Service Charges (If Any)	Rs _____
User ID Charges	Rs _____
SMS Charges	Rs _____

Electronic Contract Note [ECN] — DECLARATION

To

Alice Blue

No. 153/2, M.R.B.Arcade, Bagalur Main Road,
Dwaraka Nagar, Yelahanka, Bangalore – 560063

I, NALLENTHRAN SETTU a client with M/s. Alice Blue Limited member of MCX, NCDEX
undertake as follows:

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

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

Client Name	N A L L E N T H R A N S E T T U
Unique Client Code	A B 0 0 8 3 PAN A S G P N 0 6 6 0 F
Address	3 / 2 3 4 P E R I Y A R N A G A R A L A T H U R T A L U
City/Town/Village	B E N G A L U R U PIN Code 5 6 0 0 6 3
State	K A R N A T A K A Tel No. 9 4 4 4 5 4 8 6 1 2

Verification of the client signature done by

Name of Employee

VENKAT	V A M S I
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F4

Signature of the client

Date:

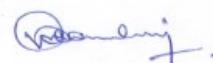
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Place: BENGALURU

Signature of the Employee

Date:

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Authorisation for maintaining Running Account

I confirmed that my account may be maintained on a running account basis, hereby instead of paying any amounts or securities representing mark to market profits, you shall retain, withhold, set-off and/or appropriate the same for such purpose and in such manner as you deem fit and release the funds and/or securities due to me, on my specific request, either written or oral. I am aware that I have the right to amend or revoke this authorisation, at any time, by way of an amendment/revocation letter.

I understand that, as per SEBI letter No. MIRSD-2/OW/28238/2013 dated October 29, 2013 the actuals settlement of funds and securities shall be done by the broker, at least once in a calendar quarter of month, as per aforesaid SEBI circular. However, I am one of your regular traded client, to address the administrative/operational difficulties in setting the account of mine, you may retain an amount of up to Rs. 10,000/- (net amount across segment and across stock exchanges).

I confirm that you may settle the account once every calendar Once in a calendar quarter OR Once in a month

Signature:

OTHER CONSENT

As a subscriber to the services offered by AliceBlue Commodities (P) Ltd. I hereby instruct AliceBlue Commodities (P) Ltd. To provide the following communications through the medium of short messages services and/ or telephone calls on my registered phone number(s): (a) Research and investment ideas whether developed in-house and/ or outsourced agencies; (b) Market related alerts; (c) Offers or subscription to new products/services from time to time; (d) Account and trading related information and other notifications pursuant to the services provided under the captioned agreement; (e) Information relating to investment products and services; (f) Any other services to aide in wealth creation process.

(Do not sign if you not wish to receive commercial calls and/or messages).

Signature of Client

F5

CONSENT FOR ADDITIONAL RIGHTS & OBLIGATIONS/ TARIFF SHEET

I acknowledge and declare that I have received in physical/ electronic, read and understood, acknowledge and agreed to the contents of-

1. Risk Disclosure Document (RDD) (Page 1-3)
2. Rights and Obligations of Members, Authorized Person and clients (Page 1-3)
3. Guidance Note - Dos & Donts for the Clients (Page 1-3)
4. Policies and Procedures (Page 1-3)
5. RMS Policy (Page 1-3)

Download forms at (www.aliceblueonline.com)

NAME: N A L L E N T H R A N S E T T U

Signature of Client

DATE: 0 9 0 8 2 0 1 8 PLACE: B E N G A L U R U

F6

Dear Client,



Subject: Prevention of Money Laundering

Money laundering is a process of making dirty money clean. Money is moved around the financial system again and again in such manner that its origin gets hidden. It involves complex chain of activities whereby huge amount of money generated from illegitimate activities viz. selling of narcotics drugs, extortion, corruption, illicit dealing in weapons, human trafficking, etc. is put through a series of process so that it comes out at the other end as clean and legal money. Terrorist organizations encourage money laundering to support their illegal acts.

It is important to note that due to increased vigilance in the wake of threats emanating from increasing terrorism, any failure on our part to discharge the duties cast on us under the applicable laws or we becoming an instrumental or apart of the chain, even if unknowingly or ignorantly, may invite the trouble. In order to fight against the money laundering and terrorist financing the prevention of Money Laundering Act (PMLA) was brought into force w.e.f July 1, 2005 in India. Guidelines were also issued in the context of the recommendations made by the Financial Action Task Force on anti- money laundering standards. Compliance with these standards has become imperative for international financial relations. PMLA is applicable to every intermediary registered with SEBI, which includes a Commodity Brokers and any other intermediary associated with Commodities Market. As per the provisions of PMLA, the intermediaries are required to comply with Know Your Client (KYC) norms, conduct ongoing client due diligence to ensure that the activity being conducted in any account is consistent with the intermediary's knowledge of the client, its business and risk profile.

In light of the above, you are requested to provide the information or documents evidencing source of funds, income tax returns, bank records, demat holding, etc. at the time of registration as a client with us or subsequently whenever asked for during the course of your dealings with us.

DISCLOSURE BY CLIENT UNDER PMLA 2002

Client Name: NALLENTHRAN SETTU

Details of the Corporate/Partnership Firm/Trust/etc. where I/We am/are affiliated

S.No	Name	Entity Type	Nature of Business	Relationship	PAN
NA					

I/We hereby submit and agree to submit as the commitment every financial year following documents to AliceBlue Commodities (P) Ltd

1. Audited Annual Accounts
2. Self attested copy of Income Tax Return or
3. Any other Financial information as requested by the Aliceblue Commodities (P) Ltd

I/We further confirm that I/We invest in the Commodity Market with:

- My/our owned funds
- Borrowed Funds from Bank/NBFC or
- Borrowed Funds from others

I/We hereby declare that I/We am/are not doing any benami transactions in my/our account. I/We understand that in case of any Cash/ Suspicious/ Benami transactions being observed into my account, the Member may report the same to Director FIU-IND, New Delhi under the provisions of PMLA, 2002 and thereafter I/we will be liable for any enquiry or penalty which might be levy by the Regulatory Authority under the said Act

Signature of Client

DISCLOSURE INFORMATION (AliceBlue Commodities (P) Ltd

To,

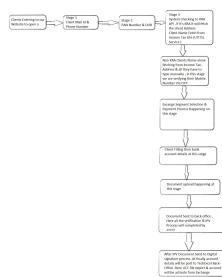
Dear Client,

This is to inform you that we do only client based trading in Multi Commodity Exchange of India Ltd (MCX)

Signature of Client

I/We acknowledge the receipt of the information given by AliceBlue Commodities (P) Ltd that they do client based trading only.

Signature of Client



Verified with original On

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Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988

W. van den Berg

RM Signature

E. OTHER DETAILS (Mandatory Information, to be filled by Client)																																																					
Gross Annual Income Details		Income Range per annum : <input checked="" type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000 Net Worth as on (Date) : _____ Rs. _____ <small>(Net Worth should not be older than 1 year)</small>																																																			
Occupation		<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input checked="" type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____																																																			
<small>Please tick, if applicable</small> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																																																					
<small>I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')</small>			<small>(Automatic Credit) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</small>																																																		
<small>I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'No')</small>			<small><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>																																																		
<small>Account Statement Requirements (If not marked, the default option would be as per SEBI Regulation)</small> <input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly																																																					
<small>I/We request you to send Electronic Transaction-cum-Holding Statement at the email id : <u>DEVI@ALLIEDBLUEINDIA.COM</u></small>			<small><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</small>																																																		
<small>I would like to share the email ID with the RTA</small>			<small><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</small>																																																		
<small>I would like to receive the Annual Report (Tick the applicable box, if not marked the default option would be in Physical)</small> <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic																																																					
<small>I/We wish to receive dividend/interest directly in to my/our bank account as given below through ECS. (If not marked, the default option would be 'Yes')</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																					
<small>Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure B</small>																																																					
<small>I wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for TRUST.</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																					
<small>I wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.</small> <table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)																																													
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<small>F. FATCA DETAILS OF NRIs/Foreign Nationals (Mandatory)</small>																																																					
<small>Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>																																																					
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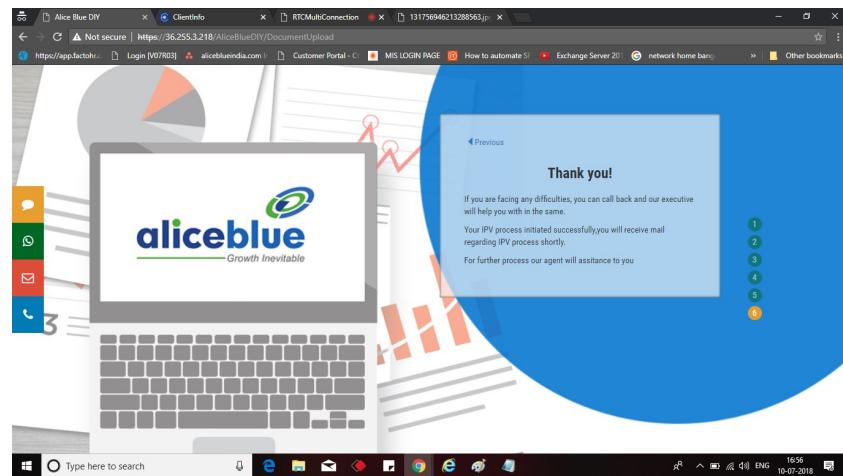
Employee Name : Venkat Vamsi

Designation : Back office Executive

Code : C0988



RM Signature



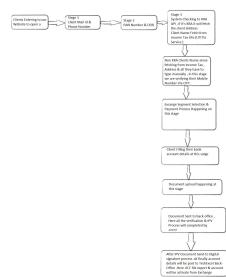
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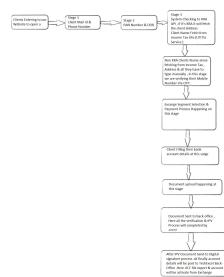
Employee Name : Venkat Vamsi

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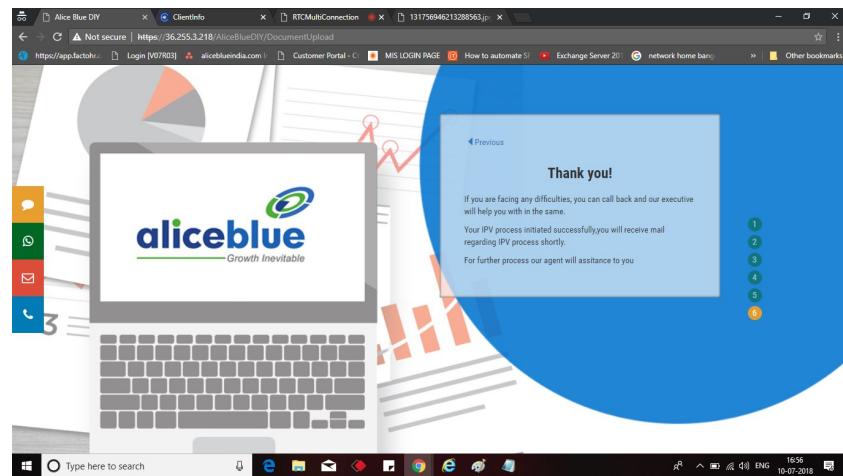
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RM Signature

Non Personalised Cheque



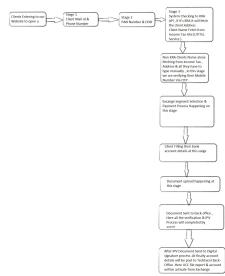
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