

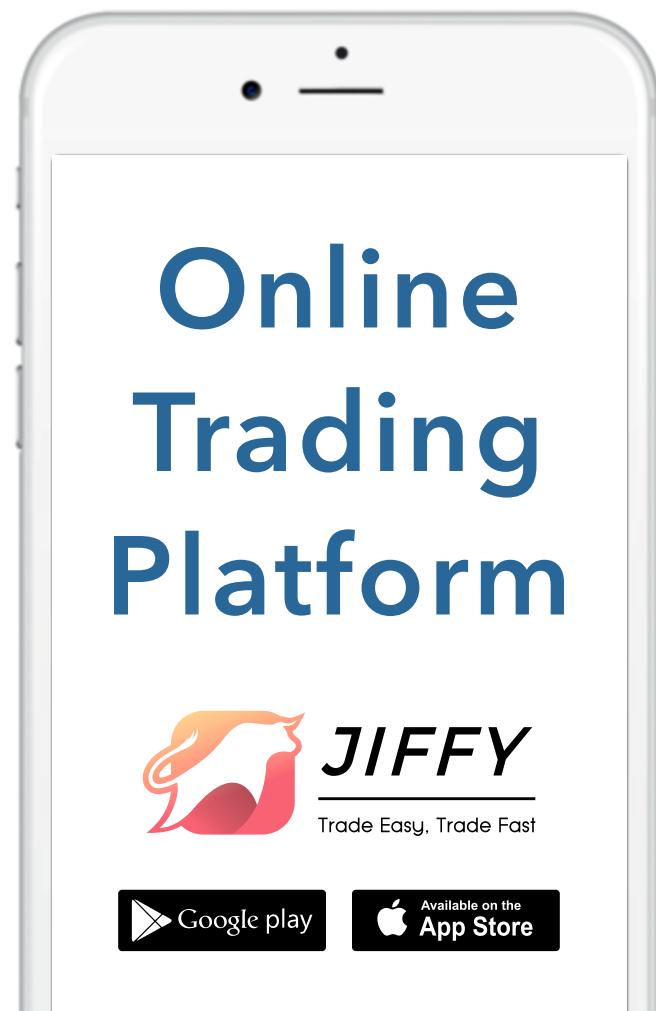
# Choice

The Joy of Earning

|                          |                 |                  |                          |             |
|--------------------------|-----------------|------------------|--------------------------|-------------|
| Name :                   |                 | Account Code :   | Branch Code :            | Form No.: E |
| Family Code :            | AP / Employee : | BO ID : 12066900 | JIFFY ID :               |             |
|                          |                 | BO ID : IN301895 |                          |             |
| RM Email ID :            |                 |                  |                          |             |
| Dealer 1 Employee Code : |                 |                  | Dealer 2 Employee Code : |             |

## CLIENT REGISTRATION FORM

INDIVIDUAL / NON - INDIVIDUAL



## Choice Equity Broking Pvt. Ltd.

Regd. & Corp. Office :

Sunil Patodia Tower, J. B. Nagar, Andheri (East), Mumbai - 400 099.

Tel.: (022) 6707 9999 | Fax ( 022) 6707 9898

Email : [customercare@choiceindia.com](mailto:customercare@choiceindia.com) | Contact No.: +91 88 24 24 24 24

CIN Number : U65999MH2010PTC198714

Version : 1.17

# INDEX

## MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES PART I

| Sr. No. | Name of the Document                              | Brief Significance of the Document  | Pages From-To  |
|---------|---|---|--|
| 1.      | <b>KYC ( Account opening Form )</b>               | C KYC & INDIVIDUAL KYC  | 1-2  |
|         |   | NON – INDIVIDUAL KYC / NON -INDIVIDUAL FATCA  | 3-4  |
|         |   | NON – INDIVIDUAL KYC - ANNEXURE   | 5-8  |
|         |   | KYC Form – Document captures the basic information about the Constituent.   | 9-12   |
| 2.      | <b>Rights &amp; Obligations</b>                   | Documents stating the Rights & Obligation of stock broker/trading member/ authorised person and client for the trading on exchanges including additional rights & obligation in case of Internet/Wireless technology based trading. | Provided as a separate booklet<br>to be retained by client |
| 3.      | <b>Risk Disclosure Document (RDD )</b>            | Document detailing risks associated with dealing in securities / commodities market .   |  |
| 4.      | <b>Guidance Note</b>                              | Document detailing DO's and DON'T's for trading on exchange, for the education of the investors.  |  |
| 5.      | <b>Rights &amp; Obligations ( DP )</b>            | Documents stating the Rights & Obligation of Beneficial Owner and Depository Participant  |  |
| 6.      | <b>Policies and Procedures</b>                    | Document describing significant policies and procedures of the stock broker.  |  |
| 7.      | <b>Rights &amp; Obligations of NSE (MTF)</b>      | Documents stating Rights & Obligations of Stock Brokers / Trading Member of NSE for MTF   |  |
| 8.      | <b>Rights &amp; Obligations of BSE (MTF)</b>      | Documents stating Rights & Obligations of Stock Brokers / Trading Member of BSE for MTF   |  |
| 9.      | <b>Terms &amp; Conditions (MTF)</b>               | Terms & Conditions prescribed by CEBPL for Margin Trading Facility (MTF)  |  |
| 10.     | <b>Instructions of Regulators</b>                 | Guidelines for filling Individual / Legal Entities KYC Application form.  |  |
| 11.     | <b>Declaration &amp; Confirmation from client</b> | Declaration from the client stating that client is liable to pay the margins which are required by the exchanges & other obligations.   |  |
| 12.     | <b>Investor Charter</b>                           | Investor charter of stock broker & DP / Depository Participant  |  |
| 13.     | <b>Tariff Sheet</b>                               | Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange (s).   | 11   |

## VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER PART II

|     |   |   |       |
|-----|---|---|-------|
| 14. | <b>Running Account Authorization</b>  | Authorization to maintain your trading account on running account basis.  | 13    |
| 15. | <b>SMS Alerts on &amp; EMAIL Alerts Mobile No and Email ID</b>                          | APPENDIX B for Undertaking for services by way of SMS alerts and EMAIL alerts from trading member.                              | 13    |
| 16. | <b>Mandate for Electric Mode of Delivery of Contract Note ( ECN ) &amp; Information</b> | Authorization by you in our favour to issue digitally signed Electronic Contract Note in lieu of Physical Contract Note         | 14    |
| 17. | <b>NOC letter to be obtained from Broker / Exchange employees</b>                       | Declaration of employment / association with market.  | 15    |
| 18. | <b>Indemnity cum undertaking</b>  | Indemnity cum undertaking for name discrepancy in pan card, bank proof & address proof, signature                               | 15    |
| 19. | <b>Verbal Order Acceptance</b>  | Authorization by the client for Verbal order acceptance to the trading member   | 15    |
| 20. | <b>HUF Declaration</b>  | Authorization by Co-parceners in favour Karta - Mandatory   | 16    |
| 21. | <b>Power of Attorney</b>  | Revocable POA by the client in favour of Stock Broker.  | 17-18 |
| 22. | <b>Self Declaration</b>   | Declaration for Commodity wise Categorization - Mandatory   | 19    |
| 23. | <b>Demat Account opening Form</b>   | Additional form for opening demat account of Individual with Nominee / Non-Individual form along with demat charges - Mandatory | 20-25 |
| 24. | <b>DP Charges</b>   | Schedule of Charges for CDSL / NSDL -BO Account - Mandatory   | 26    |
| 25. | <b>DIS</b>  | Declaration for Opting of DIS book - Voluntary  | 27    |
| 26. | <b>Declaration</b>  | Declaration for Common Mobile Number and EMAIL ID in a Family Account.  | 27    |
| 27. | <b>UCC Linking</b>  | Unique Client Code (UCC) Details Addition / Deletion Request  | 28    |
| 28. | <b>Acknowledgment</b>   | This confirms that client has received all the documents as per Regulators.   | 28    |

**Choice does not accept subscription fee or any other fee-payments in cash.**

## CKYC & KYC KRA FORM

**Know Your Client  
Application Form (For Individuals only)**  
(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Application Type\*  New  
 Update KYC Number\* \_\_\_\_\_  
KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A in separate booklet )

|                          |   |  |  |
|--------------------------|---|--|--|
| PAN                      | Please enclose a duly attested copy of your PAN Card  |  |  |
|                          | Prefix  | First Name                                       | Middle Name  |
| Name* (same as ID proof) | M r / M s   |  |  |
| Maiden Name (if any*)    | M r   |  |  |
| Father / Spouse Name*    | M r   |  |  |
| Mother Name*             | M s.  |  |  |
| Date of Birth*           | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |  |  |
| Gender*                  | <input type="checkbox"/> M- Male  | <input type="checkbox"/> F- Female               | <input type="checkbox"/> T-Trans gender  |
| Marital Status*          | <input type="checkbox"/> Married  | <input type="checkbox"/> Unmarried               | <input type="checkbox"/> Others  |
| Citizenship*             | <input type="checkbox"/> IN- Indian   | <input type="checkbox"/> Others – Country _____  | Country Code <input type="text"/> <input type="text"/>   |
| Residential Status*      | <input type="checkbox"/> Resident Individual  | <input type="checkbox"/> Non Resident Indian     |  |
|                          | <input type="checkbox"/> Foreign National   | <input type="checkbox"/> Person of Indian Origin |  |
| Occupation Type*         | <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector  | <input type="checkbox"/> Public Sector           | <input type="checkbox"/> Government Sector   |
|                          | <input type="checkbox"/> O-Others <input type="checkbox"/> Professional   | <input type="checkbox"/> Self Employed           | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student |
|                          | <input type="checkbox"/> B-Business   | <input type="checkbox"/> X-Not Categorised       |  |

Photo

Signature/  
Thumb Impression

### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K in separate booklet )

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

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> A- Passport Number  | <input type="text"/> | Passport Expiry Date  | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| <input type="checkbox"/> B- Voter ID Card  | <input type="text"/> |   |   |
| <input type="checkbox"/> C- PAN Card   | <input type="text"/> |   |   |
| <input type="checkbox"/> D- Driving Licence  | <input type="text"/> | Driving Licence Expiry Date   | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| <input type="checkbox"/> E- Aadhaar Card / Virtual ID                                | * * * * * * *   | * Please note for Aadhar number only last 4 digit are to be written |   |
| <input type="checkbox"/> F- NREGA Job Card   | <input type="text"/> | Identification Number   | <input type="text"/>                 |
| <input type="checkbox"/> G- Others (any document notified by the central government) | <input type="text"/> | Identification Number   | <input type="text"/>                 |
| <input type="checkbox"/> H- Simplified Measures Account - Document Type Code         | <input type="text"/> |   |   |

### 3. Proof of Address (PoA)\*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D in separate booklet )

|                |   |  |                                   |  |                                      |
|----------------|---|--|-----------------------------------|--|--------------------------------------|
| <b>Address</b> |   |  |                                   |  |                                      |
| Line 1*        | <input type="text"/> |  |                                   |  |                                      |
| Line 2         | <input type="text"/> |  |                                   |  |                                      |
| Line 3         | <input type="text"/> | City / Town / Village* <input type="text"/> |                                   |  |                                      |
| District*      | <input type="text"/> | Zip / Post Code* <input type="text"/>       |                                   |  |                                      |
| State/UT*      | <input type="text"/> | Country* <input type="text"/>               |                                   |  |                                      |
| Address Type*  | <input type="checkbox"/> Residential / Business   | <input type="checkbox"/> Residential   | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |

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

|   |   |   |   |
|---|---|---|---|
| <b>Proof of Address*</b>  |   |   |   |
| <input type="checkbox"/> Passport Number  | <input type="text"/> | Passport Expiry Date  | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| <input type="checkbox"/> Voter ID Card  | <input type="text"/> |   |   |
| <input type="checkbox"/> Driving Licence  | <input type="text"/> | Driving Licence Expiry Date   | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| <input type="checkbox"/> Aadhaar Card / Virtual ID                                | * * * * * * *   | * Please note for Aadhar number only last 4 digit are to be written |   |
| <input type="checkbox"/> NREGA Job Card   | <input type="text"/> | Identification Number   | <input type="text"/>                 |
| <input type="checkbox"/> Others (any document notified by the central government) | <input type="text"/> |   |   |

3.2 Correspondence / Local Address Details\* (Please see instruction E in separate booklet )

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

|           |   |  |
|-----------|---|--|
| Line 1*   | <input type="text"/> |  |
| Line 2    | <input type="text"/> |  |
| Line 3    | <input type="text"/> | City / Town / Village* <input type="text"/> |
| District* | <input type="text"/> | Zip / Post Code* <input type="text"/>       |
| State/UT* | <input type="text"/> | Country* <input type="text"/>               |
|           |   | State/UT Code <input type="text"/> <input type="text"/> as per Indian Motor Vehicle Act, 1988  |
|           |   | Country Code <input type="text"/> <input type="text"/> as per ISO 3166   |

# Choice

The Joy of Earning

## 4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F in separate booklet )

Email ID \_\_\_\_\_ Tel. (Off) \_\_\_\_\_ Tel. (Res) \_\_\_\_\_  
 Mobile \_\_\_\_\_

## 5. FATCA/CRS Information PART I (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B in separate booklet )

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\* \_\_\_\_\_ Country Code of Jurisdiction of Residence \_\_\_\_\_ as per ISO 3166

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

TIN issued country \_\_\_\_\_ Date of Birth d d m m y y y

Place / City of Birth\* \_\_\_\_\_ Country Code \_\_\_\_\_ as per ISO 3166

US person  YES OR  NO Country of Birth\* \_\_\_\_\_

Address

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_ City / Town / Village\*

District\* \_\_\_\_\_ Zip / Post Code\* \_\_\_\_\_ State/UT Code \_\_\_\_\_ as per Indian Motor Vehicle Act, 1988

State/UT\* \_\_\_\_\_ Country\* \_\_\_\_\_ Country Code \_\_\_\_\_ as per ISO 3166

## 6. Details of Related Person (Optional) (please refer instruction G in separate booklet ) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*) \_\_\_\_\_

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Prefix \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name\* \_\_\_\_\_

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

## Proof of Identity [PoI] of Related Person\* (Please see instruction (H) in separate booklet )

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

A- Passport Number \_\_\_\_\_ Passport Expiry Date d d m m y y y

B- Voter ID Card \_\_\_\_\_

C- PAN Card \_\_\_\_\_

D- Driving Licence \_\_\_\_\_

E- Aadhaar Card / Virtual ID \* \* \* \* \* \* \* \*

Driving Licence Expiry Date d d m m y y y

\* Please note for Aadhar number only last 4 digit are to be written

F- NREGA Job Card \_\_\_\_\_

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

S- Simplified Measures Account - Document Type Code \_\_\_\_\_ Identification Number \_\_\_\_\_

## 7. Remarks (If any)

\_\_\_\_\_

## 8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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

Date: d d m m y y y Place: \_\_\_\_\_



[Signature / Thumb impression]

Signature / Thumb Impression of Applicant

## 9. Attestation / For Office Use Only

Documents Received  Certified Copies

### In-Person Verification (IPV) & KYC Verification Carried Out by (Refer Instruction J&L)

Date d d m m y y y

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

[Employee Signature]

### Institution Details

Name CHOICE EQUITY BROKING PRIVATE LIMITED

Code I N 0 9 8 4





# Choice

## The Joy of Earning

## **Know Your Client Application Form (For Non Individual Only)**

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields.

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Fields marked with '\*' are mandatory fields

Fields marked with '\*' are mandatory fields

## **CKYC & KYC KRA FORM**

Application  New

Type\*  Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

\* For important instructions, please refer to separate booklet

<sup>4</sup> For important instructions, please refer to separate booklet

|  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
|--|--|---|--|---|--|--|--|------------------------------------|----------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|--|--|--|------------------------------|----------------------------------|------------------------------|---|--|--|--|--|--|--|--|--|
| <b>1. Entity Details</b> (Please refer instruction A in separate booklet )   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>1. Name of Applicant</b>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Entity Constitution Type *</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">(Please refer instruction B at the end)</td> </tr> </table>  |  | Entity Constitution Type *  | <input type="checkbox"/>   | (Please refer instruction B at the end)   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Entity Constitution Type *   | <input type="checkbox"/>   | (Please refer instruction B at the end)   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">2. a. Date of Incorporation</td> <td style="width: 10%;"><input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/></td> <td style="width: 50%;">2.b. Date of commencement of business:</td> <td style="width: 10%;"><input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/></td> </tr> </table>  |  | 2. a. Date of Incorporation   | <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> | 2.b. Date of commencement of business:  | <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| 2. a. Date of Incorporation  | <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> | 2.b. Date of commencement of business:  | <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">3. PAN</td> <td style="width: 50%;">Form 60 Furnished <input type="checkbox"/> TIN / GST Registration Number</td> </tr> </table>   |  | 3. PAN  | Form 60 Furnished <input type="checkbox"/> TIN / GST Registration Number   |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| 3. PAN   | Form 60 Furnished <input type="checkbox"/> TIN / GST Registration Number   |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">4. a. Place of Incorporation / Country of Incorporation :</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 40%;">TIN / Equivalent issuing Country</td> </tr> </table>  |  | 4. a. Place of Incorporation / Country of Incorporation :                             | <input type="checkbox"/>   | TIN / Equivalent issuing Country  |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| 4. a. Place of Incorporation / Country of Incorporation :  | <input type="checkbox"/>   | TIN / Equivalent issuing Country  |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">4. b. Registration No. (e.g. CIN):</td> <td style="width: 50%;"></td> </tr> </table>   |  | 4. b. Registration No. (e.g. CIN):  |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| 4. b. Registration No. (e.g. CIN):   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">5. Status Please tick (✓) any one</td> <td style="width: 10%;"><input type="checkbox"/> Private Limited Co.</td> <td style="width: 10%;"><input type="checkbox"/> Public Ltd. Co.</td> <td style="width: 10%;"><input type="checkbox"/> Body Corporate</td> <td style="width: 10%;"><input type="checkbox"/> Partnership</td> <td style="width: 10%;"><input type="checkbox"/> Trust</td> <td style="width: 10%;"><input type="checkbox"/> Charities</td> <td style="width: 10%;"><input type="checkbox"/> NGO's</td> </tr> <tr> <td><input type="checkbox"/> FI</td> <td><input type="checkbox"/> FII</td> <td><input type="checkbox"/> HUF</td> <td><input type="checkbox"/> AOP</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> Non-Government Organization</td> <td><input type="checkbox"/> Defense Establishment</td> <td><input type="checkbox"/> BOI</td> <td><input type="checkbox"/> Society</td> </tr> <tr> <td><input type="checkbox"/> LLP</td> <td colspan="9"><input type="checkbox"/> FPI - Category I    <input type="checkbox"/> FPI - Category II    <input type="checkbox"/> FPI - Category III    <input type="checkbox"/> Others (please specify)</td> </tr> </table> |  | 5. Status Please tick (✓) any one   | <input type="checkbox"/> Private Limited Co.   | <input type="checkbox"/> Public Ltd. Co.  | <input type="checkbox"/> Body Corporate  | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Trust                 | <input type="checkbox"/> Charities | <input type="checkbox"/> NGO's   | <input type="checkbox"/> FI | <input type="checkbox"/> FII | <input type="checkbox"/> HUF | <input type="checkbox"/> AOP | <input type="checkbox"/> Bank | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense Establishment | <input type="checkbox"/> BOI | <input type="checkbox"/> Society | <input type="checkbox"/> LLP | <input type="checkbox"/> FPI - Category I <input type="checkbox"/> FPI - Category II <input type="checkbox"/> FPI - Category III <input type="checkbox"/> Others (please specify) |  |  |  |  |  |  |  |  |
| 5. Status Please tick (✓) any one  | <input type="checkbox"/> Private Limited Co.   | <input type="checkbox"/> Public Ltd. Co.  | <input type="checkbox"/> Body Corporate  | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Trust   | <input type="checkbox"/> Charities                   | <input type="checkbox"/> NGO's                 |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FI  | <input type="checkbox"/> FII   | <input type="checkbox"/> HUF  | <input type="checkbox"/> AOP   | <input type="checkbox"/> Bank   | <input type="checkbox"/> Government Body   | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense Establishment | <input type="checkbox"/> BOI       | <input type="checkbox"/> Society |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> LLP   | <input type="checkbox"/> FPI - Category I <input type="checkbox"/> FPI - Category II <input type="checkbox"/> FPI - Category III <input type="checkbox"/> Others (please specify)  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>2. PROOF OF IDENTITY (Pol)*</b> (Please refer instruction B in separate booklet )   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Certificate of Incorporation / Formation <input type="checkbox"/> Registration Certificate <input type="text"/> Regn Certificate No.  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Memorandum and Articles of Association <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Trust Deed  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Resolution of Board / Managing Committee <input type="checkbox"/> Power of attorney granted to its manage, officers or employees to transact on its behalf  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Activity Proff -1 (For Sole Proprietorship Only) <input type="checkbox"/> Activity Proof -2 (For Sole Proprietorship Only)  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>3. ADDRESS)*</b> (Please see instruction C in separate booklet )  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>3.1 Registered Office Address / Place of Business*</b>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>Proof of Address*</b> <input type="checkbox"/> Certificate of Incorporation / Formation <input type="checkbox"/> Registration Certificate <input type="checkbox"/> Other Document   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Line 1* <input type="text"/><br>Line 2 <input type="text"/><br>Line 3 <input type="text"/> City / Town / Village* <input type="text"/><br>District* <input type="text"/> State / U.T. Code* <input type="text"/> PIN / Post Code*  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| ISO 3166 Country Code* <input type="text"/>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>3.2 Local Address in India (If different from Above)*</b>   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Line 1* <input type="text"/><br>Line 2 <input type="text"/><br>Line 3 <input type="text"/> City / Town / Village* <input type="text"/><br>District* <input type="text"/> State / U.T. Code* <input type="text"/> PIN / Post Code*  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| ISO 3166 Country Code* <input type="text"/>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>4. CONTACT DETAILS</b> (All communications will be sent to Mobile number / Email-ID provided" may be used (Please refer instruction D in separate booklet )   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="text"/> Tel.(Off.) <input type="text"/> (ISD) <input type="text"/> (STD)</td> <td style="width: 50%;"><input type="text"/> Tel.(Res) <input type="text"/> (ISD) <input type="text"/> (STD)</td> </tr> <tr> <td><input type="text"/> Mobile <input type="text"/> (ISD) <input type="text"/> (STD)</td> <td><input type="text"/> Fax <input type="text"/> (ISD) <input type="text"/> (STD)</td> </tr> <tr> <td colspan="2"><input type="text"/> E-mail ID.</td> </tr> </table>  |  | <input type="text"/> Tel.(Off.) <input type="text"/> (ISD) <input type="text"/> (STD) | <input type="text"/> Tel.(Res) <input type="text"/> (ISD) <input type="text"/> (STD)   | <input type="text"/> Mobile <input type="text"/> (ISD) <input type="text"/> (STD) | <input type="text"/> Fax <input type="text"/> (ISD) <input type="text"/> (STD)   | <input type="text"/> E-mail ID.                      |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="text"/> Tel.(Off.) <input type="text"/> (ISD) <input type="text"/> (STD)  | <input type="text"/> Tel.(Res) <input type="text"/> (ISD) <input type="text"/> (STD)   |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="text"/> Mobile <input type="text"/> (ISD) <input type="text"/> (STD)  | <input type="text"/> Fax <input type="text"/> (ISD) <input type="text"/> (STD)   |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="text"/> E-mail ID.  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>5. NUMBER OF RELATED PERSONS</b> <input type="checkbox"/> (Please refer instruction E in separate booklet )   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>6. Remarks (If any)</b><br><br><br><br><br><br>   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>7. Other Details</b>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> 1. Gross Annual Income Details (Please tick (✓)) <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25-1 Crore <input type="checkbox"/> > 1 Crore   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> 2. Net-worth in ₹. (*Net worth should not be older than 1 year) as on (date) <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> Rs. <input type="text"/>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>8. Applicant Declaration</b>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <p>I/We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am / are aware that I/We may be held liable for it. I/We hereby declare that I/We am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.</p> <p>I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address</p>   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Date: <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/> Place: <input type="text"/>   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| (1)  Signature / Thumb Impression of Applicant  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>9. Attestation / For Office Use Only</b>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Certified Copies <input type="checkbox"/> Equivalent e-document   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| <b>In-Person Verification (IPV) &amp; KYC Verification Carried Out by</b> (Refer Instruction J&I)  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Date <input type="text"/> d   <input type="text"/> d   <input type="text"/> m   <input type="text"/> m   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="text"/> y   <input type="checkbox"/>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Name <input type="text"/> CHOICE EQUITY BROKING PRIVATE LIMITED  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Emp. Name <input type="text"/><br>Emp. Code <input type="text"/><br>Emp. Designation <input type="text"/>  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Code <input type="text"/> I N 0 9 8 4  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
| Institution Details  |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |
|   |  |   |  |   |  |  |  |                                    |                                  |                             |                              |                              |                              |                               |  |  |  |                              |                                  |                              |   |  |  |  |  |  |  |  |  |

**Attention:** Please recheck your Email ID and Mobile Number provided by you.

|   |   |                         |   |                   |                            |     |                                       |
|---|---|-------------------------|---|-------------------|----------------------------|-----|---------------------------------------|
| PAN*  | Name  |                         |   |                   |                            |     |                                       |
| Type of address given at KYC KRA                              | Residential   | Residential or Business | Business  | Registered Office |                            |     |                                       |
| City of incorporation   | Country of incorporation  |                         |   |                   |                            |     |                                       |
| Is the entity involved in / providing any of these services:  | Foreign Exchange / Money Changer Services   | YES                     | Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] | YES               | Money Laundering / Pawning | YES | Any other information [if applicable] |
|   |   | NO                      | NO  | NO                |                            |     |                                       |
| Entity Constitution Type<br><i>Please tick as appropriate</i> | <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI<br><input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____ |                         |   |                   |                            |     |                                       |

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India    Yes    No   (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Country | Tax Identification Number | Identification Type (TIN or Other, please specify) |
|---------|---------------------------|--|
|         |                           |  |
|         |                           |  |

\*In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number .

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

### FATCA Declaration

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

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

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

|   |  |
|---|--|
| 1. Is the Entity a <i>publicly traded company</i> (that is, a company whose shares are regularly traded on an established securities market)            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small><br>Name of stock exchange _____  |
| 2. Is the Entity a <i>related entity</i> of a publicly traded company (a company whose shares are regularly traded on an established securities market) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small><br>Name of listed company _____<br>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company<br>Name of stock exchange _____ |
| 3. Is the Entity an <i>active NFE</i>   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____<br>Please specify the sub-category of Active NFE <input type="text"/>   |
| 4. Is the Entity a <i>passive NFE</i>   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____   |

### FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

#### Certification:

I have understood the information requirements of this Form (read along with the Instructions & Definitions )and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

|             |   |
|-------------|---|
| Name        | <input type="text"/>  |
| Designation | <input type="text"/>  |
| Signature   |  |
| Place:      | <input type="text"/>  |
| Date:       | <input type="text"/>  |

Annexure : Legal Entity - Name of Applicant \_\_\_\_\_ PAN \_\_\_\_\_

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

|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>For office use only</b><br>(To be filled by financial institution) | Application Type*<br>KYC Number | <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete | (Mandatory for KYC update and delete request) |
|---|---------------------------------|--|---|

**1. DETAILS OF RELATED PERSON\* - I (Please refer instruction E in separate booklet )**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Addition of Related Person<br>KYC Number of Related Person (if available*)  | <input type="checkbox"/> Deletion of Related Person<br><i>If KYC number is available, only 'Related Person Type' &amp; 'Name is mandatory</i> | <input type="checkbox"/> Update Related Person Details |
| <b>Related Person Type*</b>  |   |  |
| <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official | <input type="checkbox"/> Proprietor   |  |
| <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder   | <input type="checkbox"/> Other (Please specify) _____   |  |
| DIN (Director Identification Number)   | (Mandatory if Related Person Type is Director)  |  |

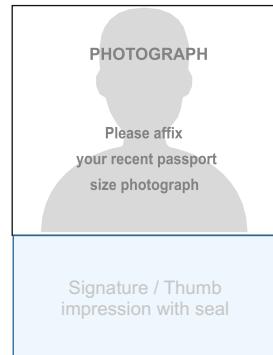
 **1.1 PERSONAL DETAILS\* (Please refer instruction E in separate booklet )**

|                              | Prefix  | First Name | Middle Name              | Last Name  |
|------------------------------|---|------------|--------------------------|--|
| Name* (Same as ID proof)     | M r / M s   |            |                          |  |
| Maiden Name                  | M r / M s   |            |                          |  |
| Father / Spouse Name         | M r   |            |                          |  |
| Mother Name                  | M s   |            |                          |  |
| Date of Birth*               | DD MM YY YY   |            | Gender*                  | <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender |
| Nationality*                 | <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/> )                          | PAN*       | <input type="checkbox"/> | <input type="checkbox"/> Form 60 furnished   |
| Please tick, if applicable : | <input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input checked="" type="checkbox"/> NPEP <input checked="" type="checkbox"/> NRPEP |            |                          |  |

 **1.2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E in separate booklet )**

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

|  |               |
|--|---------------|
| <input type="checkbox"/> A- Passport Number                    |               |
| <input type="checkbox"/> B- Voter ID Card                      |               |
| <input type="checkbox"/> C-Driving Licence                     |               |
| <input type="checkbox"/> D-NRAGA Job Card                      |               |
| <input type="checkbox"/> E-National Population Register Letter |               |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar      | * * * * * * * |
| II <input type="checkbox"/> E-KYC Authentication               | * * * * * * * |
| III <input type="checkbox"/> Offline verification of Aadhaar   | * * * * * * * |
| IV <input type="checkbox"/> Deemed PoA                         |               |
| V <input type="checkbox"/> Self Declaration                    |               |

**Address**

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

 **1.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction D in separate booklet )**

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

**1.4 Applicant Declaration**

- I /We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I /We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I /We am / are aware that I /We may be held liable for it. I / We hereby declare that I /We am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.
- I /We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address

(Signature / Thumb impression)

(2)

Signature / Thumb impression with seal

Date: | d | d | m | m | y | y | y | y | Place: | | | | | | | |

## 2. DETAILS OF RELATED PERSON\* - II (Please refer instruction E in separate booklet )

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition of Related Person  | <input type="checkbox"/> Deletion of Related Person | <input type="checkbox"/> Update Related Person Details                      |
| KYC Number of Related Person (if available*)   |   | If KYC number is available, only 'Related Person Type' & 'Name is mandatory |
| <b>Related Person Type*</b> <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor<br><input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) |   |   |
| DIN (Director Identification Number)   |   | (Mandatory if Related Person Type is Director)                              |

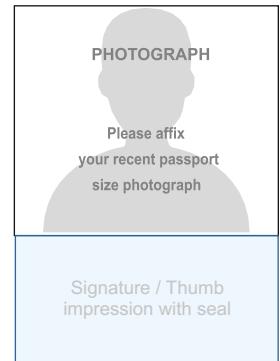
### □ 2.1 PERSONAL DETAILS\* (Please refer instruction E in separate booklet )

|                              | Prefix                             | First Name  | Middle Name                              | Last Name                                 |  |
|------------------------------|------------------------------------|---|--|---|--|
| Name* (Same as ID proof)     | M   r   /   M   s                  |   |  |   |  |
| Maiden Name                  | M   r   /   M   s                  |   |  |   |  |
| Father / Spouse Name         | M   r                              |   |  |   |  |
| Mother Name                  | M   s                              |   |  |   |  |
| Date of Birth*               | D   D   M   M   Y   Y   Y   Y      | Gender*   | <input type="checkbox"/> M-Male          | <input type="checkbox"/> F-Female         | <input type="checkbox"/> T-Transgender     |
| Nationality*                 | <input type="checkbox"/> IN-Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/> ) | PAN*                                     | <input type="checkbox"/>                  | <input type="checkbox"/> Form 60 furnished |
| Please tick, if applicable : | <input type="checkbox"/> PEP       | <input type="checkbox"/> RPEP   | <input checked="" type="checkbox"/> NPEP | <input checked="" type="checkbox"/> NRPEP |  |

### □ 2.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E in separate booklet )

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

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> A- Passport Number      | <input type="checkbox"/> B- Voter ID Card                    | <input type="checkbox"/> C-Driving Licence | <input type="checkbox"/> D-NRAGA Job Card | <input type="checkbox"/> E-National Population Register Letter | <input type="checkbox"/> F-Proof of Possession of Aadhaar |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> II E-KYC Authentication | <input type="checkbox"/> III Offline verification of Aadhaar |  |   |  |   |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> IV Deemed PoA           | <input type="checkbox"/> V Self Declaration                  |  |   |  |   |
|  |  |  |   |  |   |



#### Address

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

### □ 2.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction D in separate booklet )

|           |   |            |   |        |   |
|-----------|---|------------|---|--------|---|
| Tel.(Off) | <input type="checkbox"/> - <input type="checkbox"/> | Tel.(Res.) | <input type="checkbox"/> - <input type="checkbox"/> | Mobile | <input type="checkbox"/> - <input type="checkbox"/> |
| Email ID  | <input type="checkbox"/>                            |            |   |        |   |

### 2.4 Applicant Declaration

- I /We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I /We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I /We am / are aware that I /We may be held liable for it. I / We hereby declare that I /We am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.
- I /We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address

|  |  |                                |
|--|--|--------------------------------|
| (2)                                    |  | (Signature / Thumb impression) |
| Signature / Thumb impression with seal |  |                                |

Date:  d |  d |  m |  m |  y |  y |  y |  y | Place:

### 3. DETAILS OF RELATED PERSON\* - III (Please refer instruction E in separate booklet )

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition of Related Person  | <input type="checkbox"/> Deletion of Related Person | <input type="checkbox"/> Update Related Person Details                      |
| KYC Number of Related Person (if available*)   |   | If KYC number is available, only 'Related Person Type' & 'Name is mandatory |
| <b>Related Person Type*</b> <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor<br><input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) |   |   |
| DIN (Director Identification Number)   |   | (Mandatory if Related Person Type is Director)                              |

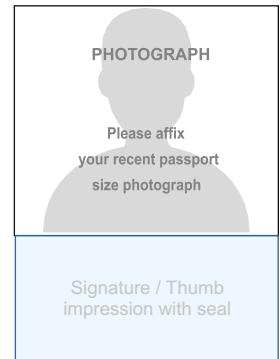
### 3.1 PERSONAL DETAILS\* (Please refer instruction E in separate booklet )

|                              | Prefix                             | First Name  | Middle Name                              | Last Name                                 |  |
|------------------------------|------------------------------------|---|--|---|--|
| Name* (Same as ID proof)     | M   r   /   M   s                  |   |  |   |  |
| Maiden Name                  | M   r   /   M   s                  |   |  |   |  |
| Father / Spouse Name         | M   r                              |   |  |   |  |
| Mother Name                  | M   s                              |   |  |   |  |
| Date of Birth*               | D   D   M   M   Y   Y   Y   Y      | Gender*   | <input type="checkbox"/> M-Male          | <input type="checkbox"/> F-Female         | <input type="checkbox"/> T-Transgender     |
| Nationality*                 | <input type="checkbox"/> IN-Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/> ) | PAN*                                     | <input type="checkbox"/>                  | <input type="checkbox"/> Form 60 furnished |
| Please tick, if applicable : | <input type="checkbox"/> PEP       | <input type="checkbox"/> RPEP   | <input checked="" type="checkbox"/> NPEP | <input checked="" type="checkbox"/> NRPEP |  |

### 3.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E in separate booklet )

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

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> A- Passport Number      | <input type="checkbox"/> B- Voter ID Card                    | <input type="checkbox"/> C-Driving Licence | <input type="checkbox"/> D-NRAGA Job Card | <input type="checkbox"/> E-National Population Register Letter | <input type="checkbox"/> F-Proof of Possession of Aadhaar |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> II E-KYC Authentication | <input type="checkbox"/> III Offline verification of Aadhaar |  |   |  |   |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> IV Deemed PoA           | <input type="checkbox"/> V Self Declaration                  |  |   |  |   |
|  |  |  |   |  |   |



#### Address

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

### 3.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction D in separate booklet )

|           |   |            |   |        |   |
|-----------|---|------------|---|--------|---|
| Tel.(Off) | <input type="checkbox"/> - <input type="checkbox"/> | Tel.(Res.) | <input type="checkbox"/> - <input type="checkbox"/> | Mobile | <input type="checkbox"/> - <input type="checkbox"/> |
| Email ID  | <input type="checkbox"/>                            |            |   |        |   |

### 3.4 Applicant Declaration

- I /We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I /We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I /We am / are aware that I /We may be held liable for it. I / We hereby declare that I /We am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.
- I /We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address

|  |                          |                                |
|--|--------------------------|--------------------------------|
| (2)                                    | <input type="checkbox"/> | (Signature / Thumb impression) |
| Signature / Thumb impression with seal |                          |                                |

Date:  d |  d |  m |  m |  y |  y |  y |  y | Place:

#### 4. DETAILS OF RELATED PERSON\* - IV (Please refer instruction E in separate booklet )

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition of Related Person  | <input type="checkbox"/> Deletion of Related Person | <input type="checkbox"/> Update Related Person Details                      |
| KYC Number of Related Person (if available*)   |   | If KYC number is available, only 'Related Person Type' & 'Name is mandatory |
| <b>Related Person Type*</b> <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor<br><input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) |   |   |
| DIN (Director Identification Number)   |   | (Mandatory if Related Person Type is Director)                              |

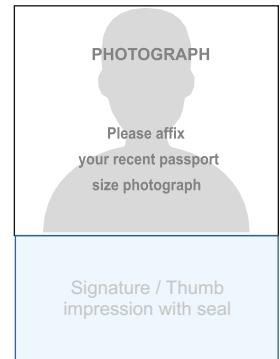
#### 4.1 PERSONAL DETAILS\* (Please refer instruction E in separate booklet )

|                              | Prefix                             | First Name  | Middle Name                              | Last Name                                 |  |
|------------------------------|------------------------------------|---|--|---|--|
| Name* (Same as ID proof)     | M   r   /   M   s                  |   |  |   |  |
| Maiden Name                  | M   r   /   M   s                  |   |  |   |  |
| Father / Spouse Name         | M   r                              |   |  |   |  |
| Mother Name                  | M   s                              |   |  |   |  |
| Date of Birth*               | D   D   M   M   Y   Y   Y   Y      | Gender*   | <input type="checkbox"/> M-Male          | <input type="checkbox"/> F-Female         | <input type="checkbox"/> T-Transgender     |
| Nationality*                 | <input type="checkbox"/> IN-Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="checkbox"/> ) | PAN*                                     | <input type="checkbox"/>                  | <input type="checkbox"/> Form 60 furnished |
| Please tick, if applicable : | <input type="checkbox"/> PEP       | <input type="checkbox"/> RPEP   | <input checked="" type="checkbox"/> NPEP | <input checked="" type="checkbox"/> NRPEP |  |

#### 4.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E in separate booklet )

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

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> A- Passport Number      | <input type="checkbox"/> B- Voter ID Card                    | <input type="checkbox"/> C-Driving Licence | <input type="checkbox"/> D-NRAGA Job Card | <input type="checkbox"/> E-National Population Register Letter | <input type="checkbox"/> F-Proof of Possession of Aadhaar |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> II E-KYC Authentication | <input type="checkbox"/> III Offline verification of Aadhaar |  |   |  |   |
| * * * * *  |  |  |   |  |   |
| <input type="checkbox"/> IV Deemed PoA           | <input type="checkbox"/> V Self Declaration                  |  |   |  |   |
|  |  |  |   |  |   |



#### Address

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

#### 4.3 CONTACT DETAILS (All communications will be sent provided Mobile no. / Email-ID) (Please refer instruction D in separate booklet )

|           |   |            |   |        |   |
|-----------|---|------------|---|--------|---|
| Tel.(Off) | <input type="checkbox"/> - <input type="checkbox"/> | Tel.(Res.) | <input type="checkbox"/> - <input type="checkbox"/> | Mobile | <input type="checkbox"/> - <input type="checkbox"/> |
| Email ID  | <input type="checkbox"/>                            |            |   |        |   |

#### 4.4 Applicant Declaration

- I /We hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I /We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I /We am / are aware that I /We may be held liable for it. I / We hereby declare that I /We am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications / directions issued by any governmental or statutory authority from time to time.
- I /We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address

|   |                                |
|---|--------------------------------|
| (2)  | (Signature / Thumb impression) |
| Signature / Thumb impression with seal  |                                |

Date:  d |  d |  m |  m |  y |  y |  y |  y | Place:

## CONSTITUENT PROFILE

### (A). BANK ACCOUNT DETAILS (THOROUGH WHICH TRANSITIONS WILL GENERALLY BE ROUTED)

|                   |  |                   |  |
|-------------------|--|-------------------|--|
| 1. BANK NAME      | _____  | 2. BANK NAME      | _____  |
| _____             | _____  | _____             | _____  |
| ACCOUNT NO :      | _____  | ACCOUNT NO :      | _____  |
| BRANCH :          | _____  | BRANCH :          | _____  |
| ADDRESS:          | _____  | ADDRESS:          | _____  |
| _____             | _____  | _____             | _____  |
| _____             | _____  | _____             | _____  |
| _____             | PIN CODE: _____  | _____             | PIN CODE: _____  |
| 9DIGIT MICR CODE: | _____  | 9DIGIT MICR CODE: | _____  |
| IFSC CODE:        | _____  | IFSC CODE:        | _____  |
| ACCOUNT TYPE:     | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRI<br><input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS: _____ | ACCOUNT TYPE:     | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRI<br><input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS: _____ |

For Demat Operations only one Bank Account is acceptable hence please fill in bank details for DP Operation in A-1 above only and also fill the same details on Page No. 21/25

### (B). DEPOSITORY ACCOUNT DETAILS

|    | DP Name                               | DP ID |   |   |   |   |   |   |   | BENEFICIARY ID |  |  |  | DEFAULT ID               |
|----|---------------------------------------|-------|---|---|---|---|---|---|---|----------------|--|--|--|--------------------------|
| 1. | Choice Equity Broking Private Limited | 1     | 2 | 0 | 6 | 6 | 9 | 0 | 0 | 0              |  |  |  | <input type="checkbox"/> |
| 2. | Choice Equity Broking Private Limited | I     | N | 3 | 0 | 1 | 8 | 9 | 5 |                |  |  |  | <input type="checkbox"/> |
| 3. |                                       |       |   |   |   |   |   |   |   |                |  |  |  | <input type="checkbox"/> |

### (C). NRI (Applicable for NRI/FN Clients only):

RBI Ref. No. \_\_\_\_\_

RBI Approval Date d / m / y y y y

\*Please attach copy of permission for dealing in Securities from Authorised Dealer (Bank) /RBI Approval.

### (D). PAST ACTIONS

- Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchanges / Commodity exchanges 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: ..... **NIL**

### (E). DEALINGS THROUGH ANY MEMBER / AUTHORISED PERSONS / OTHER STOCK BROKERS

- If client is dealing through the any member / authorised person, provide the following details:

Authorised Person's Name: \_\_\_\_\_

SEBI Registration No.: \_\_\_\_\_

Registered office address: \_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

- Whether dealing with any other stock broker/ authorised person's (if case dealing with multiple stock brokers / authorised person's provide details of all)

Name of stock broker \_\_\_\_\_

Name of Authorised person, if any: \_\_\_\_\_

Client Code: \_\_\_\_\_ Exchange: \_\_\_\_\_

Details of disputes/dues pending from/to such stock broker / authorised person \_\_\_\_\_

\_\_\_\_\_

(F). ACCOUNT SETTLEMENT (as per SEBI requirement) once a quarter  once a month

Whether you wish to receive trade confirmation, holding and transaction statement margin call, passwords and ECN. through Email / SMS  Yes  No If yes (E-mail ID and Mobile No. mentioned in KRA will be used ) and fill Appendix A & B

Please Tick (✓) SMS Services : By Choice :  YES  NO By Exchange :  YES  NO

If not marked, the default option would be 'Yes' for series F to I

#### (G) SALES TAX REGISTRATION DETAILS (As applicable, State wise)

| Registration No |  | Validity Date | Name of the State |
|-----------------|--|---------------|-------------------|
| GSTIN No.:      |  |               |                   |

#### (I) INCOME AND OTHER DETAILS (Mandatory)

1. Gross Annual Income Details (Please tick (✓)):

Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  25 Lacs - 1 Crore  >1 Crore

2. Net-worth in ` (\*Net worth should not be older than 1 year) as on (date)  dd /  mm /  yy

3. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service  Public Sector  Government Service  Business  Professional  
 Agriculturist  Retired  Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

4. Qualification (Please tick (✓) any one and give brief details):

Under Highschool  Highschool  Graduate  Doctorate  Professional  Illiterate  
 Others (Please specify) \_\_\_\_\_

5. Please tick,  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (RPEP)  
 if applicable :  Not a Politically Exposed Person (NPEP)  Not Related to a Politically Exposed Person (NRPEP)

#### (J) INTERNET TRADING

Whether you wish to avail of facility of Internet Trading/Wireless Technology (please specify)  Yes  No

#### (K) INVESTMENT / TRADING EXPERIENCE

NO PRIOR INVESTMENT EXPERIENCE  YEARS IN EQUITIES /COMMODITIES  
 YEARS IN DERIVATIVES  YEARS IN OTHER INVESTMENT RELATED ACTIVITIES

#### (L) INTRODUCER DETAILS : (Optional)

Introduced by another Client / Employee / Director / Authorised Person / Any Other Person Please Specify \_\_\_\_\_

NAME OF THE INTRODUCER:  \_\_\_\_\_

ADDRESS :  \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROOF OF IDENTITY :  \_\_\_\_\_ PROOF OF ADDRESS :  \_\_\_\_\_

CONTACT NO.  \_\_\_\_\_ SIGNATURE OF INTRODUCER  \_\_\_\_\_

### TRADING PREFERENCE OF SECURITIES MARKET

| Exchange | Capital | Derivative | Currency |
|----------|---------|------------|----------|
| BSE      | (3)     | (3)        | (3)      |
| NSE      | (3)     | (3)        | (3)      |

### TRADING PREFERENCE OF COMMODITY MARKET

| Exchange | Derivative / Options |  |  |  |
|----------|----------------------|--|--|--|
| MCX      | (3)                  |  |  |  |
| NCDEX    | (3)                  |  |  |  |

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

### TARIFF SHEET

#### Cash Market/ Capital Market

| TRADING  |         |        |          | DELIVERY |        |          |
|--|---------|--------|----------|----------|--------|----------|
| Brokerage  | Min (P) | (%)    | Slab No. | Min (P)  | (%)    | Slab No. |
| 1st Side   | 3       | 0.03 % |          | 3        | 0.30 % |          |
| 2nd Side (Same Day 2nd Side)   | 3       | 0.03 % |          | 3        | 0.30 % |          |
| Brokerage for Trade to Trade / ODD Lot / Z Group Scrips / Commodity Delivery |         |        |          | 5        | 0.50 % |          |

#### F & O / Derivative Market / Currency Derivative / Commodity Market

| EQUITY DERIVATIVES |         |        | EQUITY OPTION |          |          | CURRENCY DERIVATIVES |        |          | CURRENCY OPTION |          |  |
|--------------------|---------|--------|---------------|----------|----------|----------------------|--------|----------|-----------------|----------|--|
| Brokerage          | Min (P) | (%)    | Slab No.      | Per Lot  | Slab No. | Min (P)              | (%)    | Slab No. | Per Lot         | Slab No. |  |
| 1st Side           | 3       | 0.03 % |               | Rs.100/- |          | 3                    | 0.03 % |          | Rs.100/-        |          |  |
| 2nd Side           | 3       | 0.03 % |               | Rs.100/- |          | 3                    | 0.03 % |          | Rs.100/-        |          |  |

| NIFTY   |        |          | BANK NIFTY |        |          |
|---------|--------|----------|------------|--------|----------|
| Min (P) | (%)    | Options  | Min (P)    | (%)    | Options  |
| 3       | 0.03 % | Rs.100/- | 3          | 0.03 % | Rs.100/- |
| 3       | 0.03 % | Rs.100/- | 3          | 0.03 % | Rs.100/- |

| COMMODITY DERIVATIVES / OPTIONS |        |          |
|---------------------------------|--------|----------|
| Min (P)                         | (%)    | Options  |
| 3                               | 0.03 % | Rs.100/- |
| 3                               | 0.03 % | Rs.100/- |

| GOLD    |        |          |
|---------|--------|----------|
| Min (P) | (%)    | Options  |
| 3       | 0.03 % | Rs.100/- |
| 3       | 0.03 % | Rs.100/- |

**Other Charges** Stamp Duty  Yes  No  
 Turnover Tax  Yes  No  
 GST  Yes  No

**Other Charges** STATUTORY COST  Yes  No  
 SALES TAX  Yes  No  
 STT / CTT  Yes  No

Note :• GST/ Turnover Tax / Sales Tax / Statutory Cost / Stamp Duty / CTT will be applicable as per Government Norms & the above charges are subject to change as per regulators authorities.  
 • Clearing Charges Levied on us by clearing member / clearing house would be collected on actuals.

## DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website
4. I/ We have noted that you trade in OWN/PRO account as per SEBI/MRD/SE/CIR.- 42/2003 dated November 19, 2003 as mandated by the SEBI and on the Exchange( s).
5. I/We hereby confirm that I/We are aware of the Delayed Payment Charges of the Stock Broker.
6. I/We hereby confirm that in case brokerage per exchange per day is less than Rs.10/- then difference will be levied as minimum contract generation charges provided not exceeding 2.5% and also I / We hereby confirm that I/We are aware of the brokerage charges levied to me / us by the broker.

Place -----

Date

(4) 

**Signature of Client**

## FOR OFFICE USE ONLY

UCC Code allotted to the Client \_\_\_\_\_

|                      | Documents verified with Originals | Client Interviewed By | In-Person Verification done by |
|----------------------|-----------------------------------|-----------------------|--------------------------------|
| Name of the Employee |                                   |                       |                                |
| Employee Code        |                                   |                       |                                |
| Designation          |                                   |                       |                                |
| Date                 |                                   |                       |                                |
| Signature            |                                   |                       |                                |

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

**FOR Choice Equity Broking Pvt.Ltd.**



**Signature of the Authorised Signatory**

Date

## RUNNING ACCOUNT AUTHORISATION

(VOLUNTARY)

To,

**Choice Equity Broking Pvt. Ltd.**

Date :

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

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to retain securities/ funds with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation, unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my fund account, once in every calendar Quarter or once in a calendar Month as given in my/our preferences in KYC form. I/We further instruct that for my/our convenience I/We hereby authorize you to retain an amount of up to Rs.10, 000/- cash segment and for commodity market (net amount across segments and across stock / commodity exchanges) while settling my /our trading accounts.
4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite collateral /funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
5. I/We confirm you that I/We will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 30 days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office.
6. I/We am/are aware that in terms of SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 any excess securities available in your client collateral / collateral account will be release to me / us along with funds settlements after making necessary retention as may be permitted by regulators.
7. I/We confirm you that I/We can revoke the above mentioned authority in writing at any time.
8. I/We understand that there will be no inter client adjustments while settling my accounts even if the other client is related to me.



**Once in a Calendar Quarter**



**Once in a Calendar Month**

**Note:** The authorization shall be signed by the client only and not by any authorised person on his behalf or any holder of the Power of Attorney.

## APPENDIX B FOR UNDERTAKING FOR SERVICES BY WAY OF SMS / EMAIL ID / WHATSAAP ALERTS BY TRADING MEMBER ON MOBILE PHONES / EMAIL ID / WHATSAAP

I/We are having a trading account with yourself for the purpose of trading on NSE/BSE/MCX/NCDEX.

I/We have registered the mobile number        and email id \_\_\_\_\_ for receiving SMS alerts/ EMAIL alerts /Whatsapp alerts in respect of various services being offered by the above respective exchanges mentioned above and Trading Member. Further, I/We are aware that the above exchange also provides trade alerts through SMS /EMAIL alerts / Whatsapp alerts and I / We agree to receive the same through above mentioned Email and Mobile number, which is an additional facility provided by them and I/ We won't held liable for the same to the respective exchanges and trading member.

A. In respect of trades executed by me/us for investment/trading advisory services received from the trading member. I/ We undertake to the trading member and confirm to use my/our own judgement in taking a call on the said investment(s).

I/We also undertake to the trading member and confirm that I/We execute trades in the identified security(s) and derivative(s) according to my/our financial strength/capability.

I/We declare and agree that the trading member shall not be responsible for any loss suffered by me/us or account of executing or omitting to execute any trades in pursuance of the SMS alerts or EMAIL alerts / Whatsapp alerts and/or investment advises sent by the trading member. I/We shall not have any claim whatsoever against the trading member in respect of the above mentioned acts or omissions.

I/We authorize to send consolidated summary of my/our scrip-wise and derivatives-wise details of buy and sell positions taken with average rates to me / us by way of SMS / EMAIL / Whatsapp alerts on a daily basis. I/we hereby state that my/our number is not under Do not disturb directory and I / we am/are availing this services on my/our own will and there will be no financial obligations of CHOICE in case of legal disputes. I/We further confirm that if my / our mobile number is under DND then also I/We hereby state that sending any information related to my / our trading or demat account any promotional offers / marketing offers / greetings like birthday / anniversary / etc. shall not be construed as violation under DND by me/us.

B. In respect of all other intimation services offered by the trading member, I/We undertake to indemnify the trading member and absolve the trading member of any claims on account of various services rendered to me/us in respect of servicing my/ our trading account with them.

I/We agree to the Running Account Facility and SMS Alert / EMAIL Alert / Whatsapp alerts facility as per the terms given above.

Client Code: \_\_\_\_\_

Mr./ Ms./ Mrs. \_\_\_\_\_

(5) 

FORMAT FOR APPENDIX A  
ELECTRONIC CONTRACT NOTE [ECN] - DECLARATION (VOLUNTARY)

To,  
**Choice Equity Broking Pvt. Ltd.**  
**Sunil Patodia Tower, J.B. Nagar, Andheri E, Mumbai-400099.**

Dear sir,

I/We \_\_\_\_\_  
a client with Member M/s.**Choice Equity Broking Private Limited** of NCDEX / MCX / BSE / NSE Exchange  
undertake as follows:

- I/We am/are aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/ We myself want the same in the electronic form.
- I/We am/are 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/We find that it is inconvenient for me/us to receive physical contract notes. Therefore, I/We am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
- I/We have access to a computer and am/are a regular internet user, having sufficient knowledge of handling the email operations.
- I/We undertake to check the information so forwarded, regularly and bring the discrepancies if any to CEBPL notice within reasonable time frame of issuance / receipt for the same.
- My/Our email id is \_\_\_\_\_.

(The said Email ID must be written in own handwriting.) This has been created by me/us and not by someone else.

- I/We am/are aware that this declaration form should be in English or in any other Indian language known to me/us.
- I/We am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above Email ID.

**The above declaration and the guidelines on ECN given in the annexure have been read understood by me/us. I/We, am/are aware of the risk involved in dispensing with the Physical Contract Note and do hereby take full responsibility for the same.**

1. Client Name \_\_\_\_\_

2. Unique Client Code \_\_\_\_\_ 3. PAN \_\_\_\_\_

I/We also understand that the above instruction will remain valid from the date of signing of this authorization until it is revoked by me/us in writing.

Verification of the client signature done by: Signature of Client  
Authorised signatory of Member

(6) 

Name & Designation : \_\_\_\_\_ Date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

## FORMAT OF NOC LETTER TO BE SUBMITTED BY BROKER'S/EXCHANGE'S EMPLOYEE

VOLUNTARY  
DOCUMENT

To,

**Choice Equity Broking Pvt. Ltd.**

Date :

This is to state that I \_\_\_\_\_

S/oD/o. \_\_\_\_\_

R/o \_\_\_\_\_

is employee with the following Stock Broker / Authorised Person / Remiser/Stock or Commodity Exchange / \_\_\_\_\_ (please strike out which is not applicable).

Further, I / We hereby declare that I am / We are a Stock Broker / Authorised Person / Remiser of the \_\_\_\_\_ (name of the Stock or Commodity Exchange where client is a Stock Broker / Authorised Person / Remiser) and in this regard pursuant to SEBI circular SEBI/MIRSD/CIR-06/2004 dated January 13, 2004.

Further, I / We states that I/We have intimated the said Exchange of my/our intention to open a trading account with Choice Equities Broking Pvt Ltd only for the purpose of my / our proprietary trades (acknowledged the copy of Intimation Letter / Approval Letter / NOC Letter is attached herewith).

### INDEMNITY CUM UNDERTAKING

1. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within one week from the date of signing this undertaking.
2. I further undertake that in case my name has been changed after approval from government authorities and notified in official gazette, I shall get the name change effected in PAN, Bank account etc. and furnish immediately to CHOICE.
3. I undertake the signature done in the application form is my own and as per the requirement as of now is not matching with the proofs. I here confirm both the signature is my own and kindly accept the signature done on the application form.
4. That I further declare that I am responsible and I shall indemnify & keep indemnified CHOICE, its directors, officers, employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, actions, suits, proceedings arising out of or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA), share transfer, dematerialization of securities, rematerialization of securities, dividends, interest, etc., that may arise due to name or signature discrepancy or due to non compliance or any liability suffered or incurred or fastened on to CHOICE due to CHOICE accepting this Declaration-cum-undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood the same before signing it. That this declaration, Indemnity-cum-undertaking given by me to CHOICE is by my absolute free will and without any coercion, undue influence, pressure, etc., and at present I am having sound health and mind.

### VERBAL ORDER ACCEPTANCE AUTHORISATION

I/We have been / shall be dealing through you as my/ our broker on the Capital Market / Mutual Fund / Futures & Options Segments/Currency Derivative Segments / Commodity Derivative Segments. As my/our broker, I/We direct and authorize you to carry out trading/dealings in my / our account on my/our behalf. Further, as placing any order for buying or selling in writing is a cumbersome process and in practical, hence I / We request you accept verbal / telephonic trade orders placed by me/us.

I / We shall call on your universal number 8899 200200 or any number provided by you or your AP, for placing any order for buying or selling. In case I / We wish to place orders In-Person then I / We shall submit latest format of order instruction hard copy which will be provided to me / us at your branch or at A.P. office.

Further I/We also authorise you to accept our trade request on SMS / Email Id / Whatsapp or any other mode which is feasible or approved by the regulators. I / We understand that Choice Equity Broking Pvt Ltd may place temporary or permanent restriction on one or more methods of order placement as per their risk analysis and technical constraints.

I/We understand the risk associated with verbal orders and I/We shall be liable for all risks, losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above. Further, please note that we shall maintain the records of the trades executed by you whether over the telephone or In-Person or any other mode chosen by you at our premises, as per applicable laws, rules and regulations of SEBI / Exchanges for reasonable time frame. These records may be produced on demand before any Statutory Authority or SEBI or any Regulator Body or Exchanges.

I/We agree to the terms and conditions of the above mentioned declarations.

Thanking you,

Yours Faithfully

(7) 

## FORMAT OF DECLARATION FOR JOINT FAMILY ACCOUNT

To,

**Choice Equity Broking Pvt. Ltd.**

Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.

**Demat Account No.:**

|   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | 0 |  |  |  |  |  |  |  |
| I | N | 3 | 0 | 1 | 8 | 9 | 5 |   |  |  |  |  |  |  |  |

**Client Code** \_\_\_\_\_

1. WHEREAS the Hindu Undivided Family of \_\_\_\_\_

(hereinafter referred to as 'the said joint family' and / or 'the said HUF) have or desire to have Broking A/c. with M/s **Choice Equity Broking Pvt.Ltd.** (hereinafter to as 'Member') we, the undersigned, hereby declare

- a) that we are the present adult co-parceners of the said joint family;
- b) that Mr. \_\_\_\_\_ is the present **Karta** or Manager of the said Joint Family.
- c) that we are entitled to trade in shares / commodity derivatives and open Share Broking / Commodity Account of the said Joint Family.
- d) that each one of us has full and unrestricted authority to act on behalf of, and bind, the said HUF & all the present as well as future members, both adults and minors, of the said joint family, howsoever constituted from time to time.

2. We confirm that the affairs of the said joint family and the business of the said HUF are carried on mainly by the Karta/Manager, on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorize the Karta/ Manager on behalf of the HUF to deal on Cash/Capital market segment (CM) and/or Derivatives/Futures and Options segment (F&O) (commodity derivatives ) and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. The Said Karta is authorized to sell, purchase, transfer endorse, negotiate documents and / or otherwise deal through on behalf of the HUF. He is also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF. to the Member and agree and confirm that any claim due to the Member from the said HUF shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor coparceners, if any.

3. We undertake to inform the Member in writing of any change that may occur in the Kartaship / Managership or in the constitution of the said joint family or to the said HUF and until receipt of such notice by the Member, the Member will be entitled to regard each of us as a member of the said joint family and as a partner of the said HUF and all acts, dealings and transactions purporting to have been done on behalf of the said joint family or of the said HUF before the Member shall have received notice in the manner aforesaid, shall be binding on the said joint family and the said HUF and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues and obligations of the said HUF in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.

4. The names and dates of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of, and bind, the said HUF

| Name of the Minor | Father's Name | Date of Birth |
|-------------------|---------------|---------------|
|                   |               |               |
|                   |               |               |

5. We have received and read a copy of the member's rules and regulations for the conduct of Share Broking / Commodity Account and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.

### 6. List of Co-Parceners / Karta as on date and our signatures are as follows :

| Sr. No. | Name | PAN No. | Date of Birth / Age | Relation | Signature   |
|---------|------|---------|---------------------|----------|---|
| 1       |      |         |                     | Karta    |  |
| 2       |      |         |                     |          |   |
| 3       |      |         |                     |          |   |
| 4       |      |         |                     |          |   |



Karta signature with seal

Name of HUF \_\_\_\_\_

**POWER OF ATTORNEY**

To all to whom these presents shall come I/ We Name & Address mentioned on execution page, send greetings.

Whereas I/we hold Beneficial Owner Demat Account number mentioned on execution page with Central Depository Services (India) Limited (CDSL) / National Securities Depository Limited (NSDL), through Choice Equity Broking Private limited (herein after Called 'The Depository Participant) bearing DP ID 12066900 / IN301895 registered with Securities and Exchange Board of India (SEBI) and SEBI Registration Number IN-DP-84-2015.

And Whereas I/we am / are desirous to buy and sell securities through Choice Equity Broking Private Limited who is a stock broker registered with SEBI and member of recognized stock exchange/s.

And Whereas I/we am/ are desirous of appointing Choice Equity Broking Private Limited as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I / we do hereby nominate, constitute and appoint Choice Equity Broking Private Limited (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorize it to perform the following functions on my behalf:

- i. to transfer securities held in my/our under mentioned beneficial owner account(s) or any other account informed by me in writing, to the demat accounts of the stock broker as specified on execution page consisting demat accounts of the stock broker maintained for the purpose of settlement of trades by me/us on any recognized stock exchange through the stock broker. The List of Broker's Demat accounts and Client Demat Accounts may be updated/amended by approved modes of communication.
- ii. to pledge the securities in favor of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stock broker.
- iii. to return to me/us, the securities that may have been received by the stock broker erroneously or those securities that the stock broker was not entitled to receive from me/us;
- iv. to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/ email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
- v. to apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers, redemptions etc pursuant to oral / written/ electronic instructions given by me/us to the stock broker.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked in writing by me at any time and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office. However, such revocation shall not be applicable for any outstanding settlement obligation arising out of the trades carried out prior to receiving request for revocation of POA. Further the POA revocation request should be dated & time stamped by the stock broker for ensuring proper audit trail.



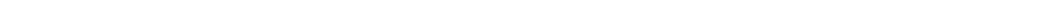
Signature of First Holder / Karta



Signature of Second Holder / 1st Co-Paceners



Signature of Third Holder / 2nd Co-Paceners

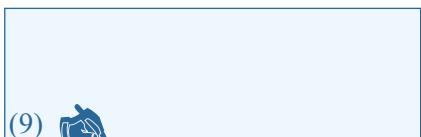
IN WITNESS WHEREOF I/WE the under named, have hereinto set my / our hands this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.  
  


## **Demat Accounts of the Stock Broker**

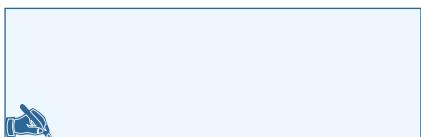
| Name of DP                    | Demat Account Number | Type of Accounts                 |
|-------------------------------|----------------------|----------------------------------|
| Choice Equity Broking Pvt.Ltd | 12066900 00000065    | BSE CM Principle                 |
| Choice Equity Broking Pvt.Ltd | 12066900 00000099    | BSE CMPOOL                       |
| Choice Equity Broking Pvt.Ltd | 12066900 00000111    | NSE CMPOOL                       |
| Choice Equity Broking Pvt.Ltd | 12066900 01047044    | MTF Margin                       |
| Choice Equity Broking Pvt.Ltd | 12066900 01057785    | MTF Client Funding               |
| Choice Equity Broking Pvt.Ltd | 12066900 00010660    | NSE SLBM Pool                    |
| BOISL                         | 11000010 00020818    | BSE Early Payin                  |
| Choice Equity Broking Pvt.Ltd | IN301895 11195925    | MTF Margin                       |
| Choice Equity Broking Pvt.Ltd | IN301895 11195984    | MTF Client Funding               |
| Choice Equity Broking Pvt.Ltd | IN301895 11193171    | NSE Pool Account                 |
| Choice Equity Broking Pvt.Ltd | IN301895 11193180    | BSE Pool Account                 |
| Choice Equity Broking Pvt.Ltd | 12066900 01047059    | Client Margin Pledge Account     |
| Choice Equity Broking Pvt.Ltd | IN301895 11195933    | Client Margin Pledge Account     |
| Choice Equity Broking Pvt.Ltd | IN301895 11196223    | Client Margin Pledge Account     |
| Choice Equity Broking Pvt.Ltd | 12066900 00696394    | Client Unpaid Securities Account |
| Choice Equity Broking Pvt.Ltd | IN301895 11194019    | Client Unpaid Securities Account |
| NSCCL                         | 11000011 00018178    | NSE Early Payin                  |
| Choice Equity Broking Pvt.Ltd | 1206690001142051     | Client Margin Pledge Account     |
| Choice Equity Broking Pvt.Ltd | IN30189511198926     | Own Account                      |

Signed for and on behalf of the Client

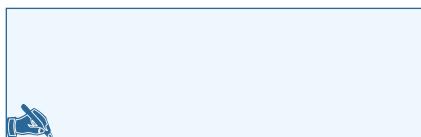
**BO ID** | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | 0 | | | | | | | |



### **Signature of First Holder / Karta**



### **Signature of Second Holder / 1st Co-Paceners**



**Signature of Third Holder / 2nd Co-Paceners**

## **Choice Equity Broking Pvt.Ltd.**



## **Signature of the Authorised Signatory**

Signed for and on behalf of the Broker  
Name: **Choice Equity Broking Pvt.Ltd.**  
Sunil Patodia Tower, J.B. Nagar, Andheri (East),  
Mumbai - 400 099.

**Witness -**



Name & Address :

## SELF DECLARATION FOR COMMODITY WISE CATEGORIZATION

To,

**Choice Equity Broking Pvt. Ltd.,**

Dear Sir,

I/We \_\_\_\_\_

having PAN no. \_\_\_\_\_ do hereby declare as under.

I / We declare that I / We have acquired and are having sufficient knowledge about the Commodity Market and are being well acquainted with its procedures / risks. I / We am /are desirous of entering into the Commodity Market for dealings in commodities. I / We wish to trade in Commodity Market of NCDEX / ICEX / MCX / BSE /NSE exchanges respectively. Further I / We declare that I / We come in the following category mentioned below and selected:

| CATEGORY CODE | CATEGORY  | SELECTION |
|---------------|---|-----------|
| 1             | <b>FPOs / Farmers</b>                             |           |
| 2             | <b>VCPs / Hedgers</b>                             |           |
| 3             | <b>Proprietary Traders</b>                        |           |
| 4             | <b>Domestic Financial Institutional Investors</b> |           |
| 5             | <b>Foreign participants</b>                       |           |
| 6             | <b>Others (Trader)</b>                            |           |

For others please specify the reason for others \_\_\_\_\_

Further, I / We take full responsibility of the trades executed by me / us on commodity market and I / We confirm you that all the liabilities or any compliance issue or any legal implications in this regard will be solely borne by me / us.

### List of commodities are given below:

| MCX - SYMBOL | CATEGORY CODE |
|--------------|---------------|
| ALUMINIUM    | 6             |
| BRASSPHY     | 6             |
| CARDAMOM     | 6             |
| CASTORSEED   | 6             |
| COPPER       | 6             |
| COTTON       | 6             |
| CRUPALMOIL   | 6             |
| CRUDEOIL     | 6             |
| GOLD         | 6             |
| LEAD         | 6             |
| MENTHAOIL    | 6             |
| NATURALGAS   | 6             |
| NICKEL       | 6             |
| PEPPER       | 6             |

| MCX - SYMBOL | CATEGORY CODE |
|--------------|---------------|
| RBDPALM      | 6             |
| SILVER       | 6             |
| ZINC         | 6             |

| NCDEX SYMBOL | CATEGORY CODE |
|--------------|---------------|
| NKRISHI      | 6             |
| BARLEY       | 6             |
| CASTOR       | 6             |
| CHANA        | 6             |
| COCUDAKL     | 6             |
| COTTON       | 6             |
| CPO          | 6             |
| DHANIYA      | 6             |
| MAIZERABI    | 6             |

| NCDEX SYMBOL | CATEGORY CODE |
|--------------|---------------|
| MOONG        | 6             |
| PADDY_PB1121 | 6             |
| RMSEED       | 6             |
| SUGARM       | 6             |
| GUARGUM 5    | 6             |
| GUARSEED 10  | 6             |
| SYBEANIDR    | 6             |
| SYOREF       | 6             |
| TMCFGNZM     | 6             |
| WHEATFAQ     | 6             |
| JEERAUNJHA   | 6             |
| KAPAS        | 6             |
| MAIZEKHRIF   | 6             |

\* Any other, commodity other than above mentioned in MCX/NCDEX/ICEX/BSE/NSE exchanges respectively, kindly specify & I/We authorise you to add all other commodities under category OTHERS if I/We did not specify or select from the above list or any new commodity if comes in future.



## Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code) \_\_\_\_\_

IFS Code (11Character) \_\_\_\_\_ Branch Name \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  Saving  Current  Others (Specify) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ PIN \_\_\_\_\_

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
  - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

For Gross Annual Income Details / Occupations / For PEP - RPEP / For any other information please refer to  
Page No.10 of the KYC Form

|  |   |  |
|--|---|--|
| <b>SMS Alert<br/>Facility /<br/>CDSL SMART<br/>Facility</b>  | Mobile No. +91 _____<br>[Mandatory, If you are giving Power of Attorney, (POA) (If POA is not granted & you do not wish to avail of this facility, cancel this option)<br>For terms and conditions for CDSL SMART facility please refer to our website : <a href="http://www.choiceindia.com">www.choiceindia.com</a> | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Account Type : BSDA (If yes please provide declaration) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |
| 1) I / We are aware of the BSDA scheme available with DP as per guideline issued by SEBI and I / We further, state that my /our demat account opened under normal scheme or any other scheme as mentioned in the tariff sheet of DP while account opening and without further reference to me/us DP is authorized to levy the said charges as applicable.<br>2) Further, if I / We want to opt for BSDA scheme at any time then I / We will provide written consent to the said DP for availing the BSDA scheme. |   |  |

|             |   |
|-------------|---|
| <b>Easi</b> | To register for easi, please visit our website <a href="http://www.cdsindia.com">www.cdsindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. |
|-------------|---|

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

|           | <b>First/Sole Holder</b>   | <b>Second Holder</b>  | <b>Third Holder</b>   |
|-----------|--|---|---|
| Name      | Mr./ Ms./ Mrs.   | Mr./ Ms./ Mrs.  | Mr./ Ms./ Mrs.  |
| Signature | (10)  |  |  |

(Signatures should be preferably in blue ink)

Nomination Registration No. [REDACTED] Dated [REDACTED]

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

|             |  |       |   |   |   |   |   |   |   |   |           |  |  |  |  |
|-------------|--|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|
| UCC<br>Code |  | DP ID | I | N | 3 | 0 | 1 | 8 | 9 | 5 | CLIENT ID |  |  |  |  |
|             |  | DP ID | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | CLIENT ID |  |  |  |  |

I/We wish to make a nomination.

[As per details given below] [Client Name]

### Nomination Details

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

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

**Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:**

|                     |   |  |  |  |
|---------------------|---|--|--|--|
| 8                   | <b>Date of Birth</b>  |  |  |  |
| 9                   | <b>Name of Guardian (Mr./Ms.)</b><br>{in case of minor nominee(s) } |  |  |  |
| 10                  | <b>Address of Guardian(s)</b>                                       |  |  |  |
| <b>City / Place</b> |   |  |  |  |
| <b>State</b>        |   |  |  |  |
| <b>Country</b>      |   |  |  |  |
| <b>PIN Code</b>     |   |  |  |  |

|                                      |   |  |                                |  |
|--------------------------------------|---|--|--------------------------------|--|
| 11                                   | <b>Mobile / Telephone No. of Guardian</b>   |  |                                |  |
| 12                                   | <b>Email ID of Guardian</b>   |  |                                |  |
| 13                                   | <b>Relationship of Guardian with Nominee</b>  |  |                                |  |
| 14                                   | <b>Guardian Identification Details</b><br>[Please tick any one of following and provide details of same]  |  |                                |  |
|                                      | <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no.<br><input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat A/c ID |  |                                |  |
| <b>Name(s) of holder(s)</b>          |   |  | <b>Signature(s) of holder*</b> |  |
| <b>Sole / First Holder (Mr./Ms.)</b> |   | (11)  |                                |  |
| <b>Second Holder (Mr./Ms.)</b>       |   |       |                                |  |
| <b>Third Holder (Mr./Ms.)</b>        |   |       |                                |  |

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

**Note:**

This nomination shall supersede any prior nomination made by the account holder(s), if any  
The trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

CDSL \*Nomination Form for Demat & Trading Account ( Individual's Only) (Annexrure B)  NSDL

I/We do not wish to nominate any one for this Demat & Trading account.

|                        |   |   |   |   |   |   |   |   |  |  |  |
|------------------------|---|---|---|---|---|---|---|---|--|--|--|
| UCC Code               |   |   |   |   |   |   |   |   |  |  |  |
| DP ID                  | I | N | 3 | 0 | 1 | 8 | 9 | 5 |  |  |  |
| DP ID                  | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 |  |  |  |
| Sole/First Holder Name |   |   |   |   |   |   |   |   |  |  |  |
| Second Holder Name     |   |   |   |   |   |   |   |   |  |  |  |
| Third Holder Name      |   |   |   |   |   |   |   |   |  |  |  |

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

**Name and Signature of Holder(s)\***

|  |   |   |
|--|---|---|
| Sole/First Holder Name   | Second Holder Name  | Third Holder Name   |
| (11)  |  |  |

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



## **Additional KYC Form For Non Individual Clients for Opening a Demat Account**

(To be filled by the Depository Participant) (To be filled by the applicant in **BLOCK LETTERS** in English)

Application No.

Date | | | | | | | | |

DP Internal Reference No. | | | | | | | | |

DP ID | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0

Client ID | 0 | | | | | | | |

DP ID | I | N | 3 | 0 | 1 | 8 | 9 | 5

Client ID | | | | | | | |

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

## Holder Details

Sole / First  
Holder's Name | | | | | | | | | | | | | |

PAN | \_\_\_\_\_  
UID | \* \* \* \* \* \* \* \* | \_\_\_\_\_

Second  
Holder's Name

Third  
Holder's Name |

Name \* | | | | | | | | | | | | | | |

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

**Type of Account (Please tick whichever is applicable)**

| Status   |  |   |   |   |   |   |   |   |                        |   |   | Sub-Status  |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|------------------------|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> Trust<br><input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) |  |   |   |   |   |   |   |   |                        |   |   | <b>To be filled by the DP</b>   |   |   |   |   |   |
| Date of Incorporation  | D  | D | M   | M | Y | Y | Y | Y |                        |   |   |   |   |   |   |   |   |
| SEBI Registration No.<br>(If applicable)   |  |   |   |   |   |   |   |   | SEBI Registration Date | D | D | M   | M | Y | Y | Y | Y |
| RBI Registration No.<br>(If Applicable)  |  |   |   |   |   |   |   |   | RBI Approval Date      | D | D | M   | M | Y | Y | Y | Y |
| Nationality  | <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others (Specify) |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |
| I / We instruct the DP to receive each and every credit in my / our account<br>(If not marked, the default option would be 'Yes')  |  |   |   |   |   |   |   |   |                        |   |   | [Automatic Credit]<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |   |   |   |
| I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end ( If not marked, the default option would be 'No')   |  |   |   |   |   |   |   |   |                        |   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       |   |   |   |   |   |
| Account Statement Requirement  |  |   | <input checked="" type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |
| I / We request you to send electronic transaction -cum- holding statement at the Email ID  |  |   |   |   |   |   |   |   |                        |   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       |   |   |   |   |   |
| I/ We would like to share the email ID with the RTA (If not marked, the default option would be 'No')  |  |   |   |   |   |   |   |   |                        |   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       |   |   |   |   |   |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic<br>(Tick the applicable box. If not marked the default option would be in Physical)  |  |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |

( Please note that if option of Yes/No not selected, then the default option would be 'Yes' )

## Clearing Member Details ( To be filled by CMS Only)

Name of Stock Exchange [REDACTED]

Name of CC/CH [REDACTED]

Clearing Member ID [REDACTED] Trading Member ID [REDACTED]

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]

Yes  No

### Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR Code) [REDACTED] Branch Name [REDACTED]

IFS Code (11Character) [REDACTED] Account No. [REDACTED]

Account Type  Saving  Current  Others (Specify) [REDACTED]

Bank Name [REDACTED]

Bank Branch Address [REDACTED]

City [REDACTED] State [REDACTED] PIN [REDACTED]

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
  - (ii) Photocopy of the Bank Statement having name and address of the BO
  - (iii) Photocopy of the Passbook having name and address of the BO, (or)
  - (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

### Details of Politically Exposed Persons (PEP)/Related to Politically Exposed Person (RPEP).

For the above point please refer to the Non Individual KYC Annexure Page No. 3-10

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

|  |   |  |
|--|---|--|
| SMS Alert Facility / CDSL SMART Facility | Mobile No. +91 _____<br>[Mandatory, If you are giving Power of Attorney, (POA) (If POA is not granted & you do not wish to avail of this facility, cancel this option)<br>For terms and conditions for CDSL SMART facility please refer to our website : <a href="http://www.choiceindia.com">www.choiceindia.com</a> | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|--|---|--|

Account Type : BSDA (If yes please provide declaration)  Yes  No

|      |   |
|------|---|
| Easi | To register for easi, please visit our website <a href="http://www.cdsindia.com">www.cdsindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online. |
|------|---|

I/We have received and read the document of 'Rights and Obligation of BO-DP (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

|             | First/Sole Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory |
|-------------|---------------------------------|-----------------------------|----------------------------|
| Name        | Mr./ Ms./ Mrs.                  | Mr./ Ms./ Mrs.              | Mr./ Ms./ Mrs.             |
| Designation |                                 |                             |                            |
| Signatures  | (12)                            |                             |                            |

(Signature should be preferably in black ink)

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



CDSL

## Choice Equity Broking Pvt. Ltd.

SEBI Regn. No. IN-DP-84-2015, CDSL DP ID-12066900 / NSDL DP ID - IN301895

Sunil Patodia Tower, J.B. Nagar, Andheri (East), Mumbai - 400 099.

Tel.: (022) 6707 9999 E-mail : dp@choiceindia.com, customercare@choiceindia.com



NSDL

### DEPOSITORY PARTICIPANT WITH CDSL / NSDL

#### SCHEDULE OF CHARGES FOR CDSL/NSDL - BENEFICIARY ACCOUNT

| Special Plan  | Life Time AMC Plan <input type="checkbox"/>  |   | Zero AMC Plan <input type="checkbox"/>                   |
|---|--|---|--|
| Detail of Charges                                   | INDIVIDUAL   |   | INDIVIDUAL   |
| Annual Maintenance Charge                           | ₹ 1500/-   |   | NIL with Deposit of ₹ 3000/-                             |
| <b>Basic Plan</b>                                   | 1st Year AMC <input type="checkbox"/>  | POA Franking charges as applicable for individual and Corporate |  |
| Annual Maintenance Charge                           | ₹ 200/-  | ₹ 1000/-  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Transaction Charges</b>                          |  |   |  |
| Debit Instruction from the account to outside Demat | 0.02% subject to minimum of ₹ 10/- per instruction.  |   |  |
| Debit Instruction from the account to Market        | ₹ 10/- per instruction.  |   |  |
| Failed Instruction                                  | ₹ 10/- per instruction.  |   |  |
| Demat Requests                                      | ₹ 10/- per certificate + ₹ 100/- postage charges per DRF   |   |  |
| Remat Requests                                      | A fee of Rs.10/- for every 100 securities or part thereof, subject to maximum fee of Rs.5,00,000/- or a Flat fee of Rs.10/- per certificate, whichever is higher payable on confirmation of the request. |   |  |
| <b>Pledge</b>                                       | Normal   | Margin CDSL / NSDL  | MTF CDSL / NSDL  |
| Creation/ Unpledge/ Re-pledge                       | ₹ 50/- or 0.02% whichever is higher  | ₹ 10/-  | ₹ 15/-   |
| Invocation  | ₹ 100/- or 0.05% whichever is higher   |   |  |

- ❖ All Charges mentioned above are inclusive of CDSL / NSDL charges of Rs. 500/= AMC payable to CDSL / NSDL for Corporate Accounts
- ❖ GST as prescribed would be levied on all charges & Easy Service Facility available free of charge.
- ❖ The above rates are subject to change with 30 days prior intimation OR any other changes in CDSL / NSDL Tariff.
- ❖ All the percentage are on the value of shares and the value calculated from BSE closing price of the Exchange.
- ❖ Separate Cheque required for any of the above plan in favour of "**Choice Equity Broking Pvt. Ltd.**" and Special Plan AMC charges are not refundable.
- ❖ Lost DIS book charges will be Rs. 100/-

#### For ZERO AMC Scheme:-

- ❖ Credit balance will be purely Interest free deposit and waiver of AMC would be available to clients choosing to open account under this scheme
- ❖ Deposit amount would be refunded on Closure of DPA/c after adjusting DP Dues, if any.
- ❖ I/We hereby authorize you to debit and/or withdraw the money from my/our trading account opened with you to pay my/our dues in above Depository Account along with Power of Attorney Stamp Duty Charges.
- I/We have given this authorization to you voluntarily for the purpose of smooth operations of my/our accounts.

(13)

Signature of Second Holder

Signature of Third Holder

Date :  /  /  /  /  /  /

## DECLARATION FOR OPTING OF DIS BOOK- VOLUNTARY

To,  
**Choice Equity Broking Pvt. Ltd.**

Date :

Reg. & Corp. Office :  
Sunil Patodia Tower, J.B. Nagar, Off. Sahar Road, Andheri (East), Mumbai - 400 099.

Dear Sir / Madam,

A.  I / We require the Delivery Instruction Slip (DIS)

OR

B.  I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA executed in favour of **Choice Equity Broking Pvt. Ltd. (CEBPL)** for executing delivery instructions for setting stock exchange trades [settlement related transactions] and margin purpose effected through CEBPL. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully,

|       |   |   |   |   |   |   |   |   |           |   |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|---|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 6 | 6 | 9 | 0 | 0 | CLIENT ID | 0 |  |  |  |  |  |
| DP ID | I | N | 3 | 0 | 1 | 8 | 9 | 5 | CLIENT ID |   |  |  |  |  |  |

| Particulars | First / Sole Holder / Karta  | Second Joint Holder   | Third Joint Holder  |
|-------------|--|---|---|
| Name        |  |   |   |
| Signatures  | (14)  |  |  |

### Declaration for Common Mobile Number and EMAIL ID in a Family Account.

To,  
**Choice Equity Broking Pvt. Ltd.**

Date:

Dear Sirs,

#### Re: Opening of Trading and Demat Account.

With reference to my /our application for opening of a Trading and Demat account with you, I / We hereby declare that I / We want all the SMS and E-Mail alerts on the following Email ID and Mobile No. which are mentioned below respectively as per SEBI Circular No. CIR/MIRSD/15/2011 dated August 02, 2011.

- Email ID: \_\_\_\_\_  
 Mobile No:

Further, I / We confirm that the above details which have been provided by us belong to our Family Member whose details have been provided by us as under:

- Name of the family Member: \_\_\_\_\_  
 Relationship with the Client: \_\_\_\_\_  
 Trading account with **Choice Equity Broking Pvt.Ltd.** (ifAny): \_\_\_\_\_

I / We also confirm that this request has been given to the Stock Broker / Commodity Broker under exceptional circumstances as I / We am /are dependent on our family member whose details have been mentioned in this declaration (above) and I / We further confirm that I / We don't have any objection to this and I / We give full consent in this regard.

Further, 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.

Thanking You,

Yours Faithfully,

Client Name: \_\_\_\_\_

(15) 

Signature

## Unique Client Code (UCC) Details Addition / Deletion Request

To,  
**Choice Equity Broking Pvt. Ltd.**

Dear Sir / Madam,

I/ We request to add Unique Client Code (UCC)

OR

I/We request to delink the Unique Client Code (UCC)

| Unique Client Code (UCC) | Exchange | Exchange ID | Segment ID | CM ID  | TM ID |
|--------------------------|----------|-------------|------------|--------|-------|
|                          | BSE      | 11          | 01         | 3299   | 3299  |
|                          | NSE      | 12          | 01         | M51738 | 13773 |
|                          | NSE FNO  | 12          | 02         | C51564 | 13773 |
|                          | NSE CD   | 12          | 03         | C51564 | 13773 |
|                          | MCX      | 23          | 05         | 9350   | 40585 |
|                          | NCDEX    | 22          | 05         | C51067 | 01006 |

I/ We like to delink / add the Unique Client Code (UCC) with all beneficial owner's (BOID) linked with \_\_\_\_\_ mentioned Permanent Account Number (PAN).

OR

I/ We like to delink / add the Unique Client Code (UCC) with below mentioned beneficial owner's (BOID)

| Sr. No. | DP Name | DP ID | BENEFICIARY ID |
|---------|---------|-------|----------------|
| 1.      |         |       |                |

(If additional beneficial owner's need to be added, please continue in same format)

Reason for Add / Modify / Delete Unique Client Code (UCC):

| Particulars | First / Sole Holder / Karta  | Second Joint Holder   | Third Joint Holder  |
|-------------|--|---|---|
| Name        |  |   |   |
| Signatures  | (16)  |  |  |

### ACKNOWLEDGEMENT

I / We acknowledge with thanks the receipt of a duly executed copy of the KYC kit with supporting documents, as per SEBI guidelines conveyed through BSE Notice No.20080624 dt: 24/06/2008 / NSE Circular No. NSE/INSP/2008/67 dt:23/06/2008. / FMC Circular No. FMC/4/2011/G/30 (Ref. No.:Div. III/I/89/07) dated December 16,2011..

I / We further acknowledge the receipt of a separate booklet containing all the mandatory documents containing Rights & Obligation of Stock Broker, Authorised Person and Clients / Internet & Wireless Technology Based Trading Facility / Risk Disclosure Document (RDD) / Guidance – DO's and DON'T's / Rights & Obligation of Beneficial Owner and Depository Participant / Policies and Procedures of Trading Member along with the Rights & Obligation of NSE / BSE for Margin Trading Funding (MTF) and Terms and Conditions prescribed by CEBPL for MTF and Declaration from the client stating that client is liable to pay the margins which are required by the exchanges & other obligations.

The above mentioned documents are also available in the Vernacular languages and on our website at <http://www.choiceindia.com/market.php>-Account Opening Form - CRF form in vernacular languages equity / commodity and can be downloaded.

Name of Client: \_\_\_\_\_

(17) 

Client Code: \_\_\_\_\_

Client's Signature / for Non Individual  
Please affix the seal also

## REGISTRATION DETAILS

|   |   |  |
|---|---|--|
| <b>CASH SEGMENT / FNO SEGMENT/ CURRENCY DERIVATIVES SEGMENT</b> | NSE : SEBI Regn. No : INZ 000160131 - Broker Code :13773<br>BSE : SEBI Regn. No : INZ 000160131 - Broker Code :3299   | <b>Date of Registration:</b><br><u>12 4 1 1 1 2 0 1 7 </u><br><u>12 4 1 1 1 2 0 1 7 </u> |
| <b>COMMODITY DERIVATIVES SEGMENT</b>                            | MCX : SEBI Regn. No : INZ 000160131 Member Code : 40585<br>NCDEX : SEBI Regn. No : INZ 000160131 Member Code : 01006<br>ICEX : SEBI Regn. No : INZ 000160131 Member Code : 1274 | <u>1 1 7 0 2 2 0 1 0 </u><br><u>1 1 6 0 3 2 0 1 0 </u><br><u>1 1 1 0 2 0 1 0 </u>        |
| <b>DEPOSITORY PARTICIPANT</b>                                   | SEBI Regn. No : IN-DP-84-2015 CDSL-DP-ID : 12066900<br>SEBI Regn. No : IN-DP-84-2015 NSDL-DP-ID : IN301895  | <b>Date of Registration :</b> 15-06-2015<br><b>Date of Registration :</b> 15-06-2015     |
| <b>CLEARING MEMBER</b>  |   |  |
| Orbis Financial Corporation Limited (INZ000165534)              | NSE FNO, NSE CD and MCX Commodity   |  |
| Orbis Financial Corporation Limited (INZ000165534)              | BSE Currency Derivatives  |  |
| Orbis Financial Corporation Limited (INZ000165534)              | NCDEX Commodity   |  |
| Globe Commodities Limited (INZ000024939)                        | ICEX Commodity  |  |

### **CIN Number: U65999MH2010PTC198714**

For any grievance/dispute please contact Choice Equity Broking Pvt. Ltd at the given registered address or following officer

| Designation   | Name               | Telephone  | EMAIL ID                          |
|---|--------------------|--|-----------------------------------|
| Director  | Ramratan Chirania  | 6707 9800  | ramratan@choiceindia.com          |
| Compliance Officer  | Swati Sunil Matkar | 6707 9999  | complianceofficer@choiceindia.com |
| Grievances/Dispute/Suggestion   | Swati Sunil Matkar | 6707 9999  | ig@choiceindia.com                |
| <b>In case not satisfied with the response, please contact the exchange</b> |                    |  |                                   |
| NSE at ignse@nse.co.in and Phone no. 022-26598190 Fax No.:022-26598191.     |                    | MCX at grievance@mcxindia.com Tel: 022-6731 8888 |                                   |
| BSE at: is@bseindia.com ,Phone No.:022-22728097, Fax No.:022-22723677       |                    | NCDEX at askus@ncdex.com Tel : 022-6640 6084,    |                                   |
| CDSL : complaints@cdslindia.com, phone no.1800225533                        |                    | ICEX at grievance@icexindia.com Tel: 18001233899 |                                   |
| NSDL at relations@nsdl.co.in Tel: 1800222990                                |                    |  |                                   |

You can also lodge your grievances with SEBI at <http://scores.gov.in>. For any Queries or Feedback or Assistance please contact SEBI on toll free helpline at 1800227575/18002667575

### INSTRUCTIONS / CHECK LIST

- Additional documents in case of trading in derivatives segments - illustrative list:

|  |  |
|--|--|
| Copy of ITR Acknowledgement                                      | Copy of Annual Accounts                                |
| In case of salary income Salary Slip, Copy of Form 16            | Net worth certificate                                  |
| Copy of demat account holding statement.                         | Bank account statement for last 6 months               |
| Any other relevant documents substantiating ownership of assets. | Self - declaration with relevant supporting documents. |

- \*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.
- 2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
- 3. Demat master or recent holding statement issued by DP bearing name of the client.
- 4. For individuals:
  - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/ authorised persons office.
  - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
- 5. For non-individuals:
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

#### **Instructions to the Applicants (BOs) for account opening:**

- Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
- Signatures should be preferably in black ink.
- Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
- In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
- In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
- All correspondence / queries shall be addressed to the first / sole applicant.
- Strike off whichever option, in the account opening form, is not applicable.



# Choice

The Joy of Earning

Equity | Derivatives | Currency | Commodity | PMS\* | Mutual Funds\* | Insurance\*

## Choice Equity Broking Pvt. Ltd

[www.choiceindia.com](http://www.choiceindia.com)

SEBI Reg. No.: INZ000160131

Member of :

National Stock Exchange of India Limited (NSE) Equity, Derivative, Currency, SLBM & Debt

Bombay Stock Exchange Limited (BSE) Equity, Currency & Derivative

Depository Participant-CDSL / NSDL

Multi Commodity Exchange of India Limited (MCX)

National Commodity & Derivative Exchange Limited (NCDEX)

Indian Commodity Exchange Limited (ICEX)

---

Disclaimer: Please read and understand the rights and obligations documents/ RDD/ Do's and Don'ts documents prescribed by SEBI.  
\*These services are offered by our sister companies.

---