



ASHIKA STOCK BROKING LIMITED

CIN : U65921WB1994PLC217071

Account Opening KIT - Trading and Demat

Registered Office	'Trinity', 226/1, A.J.C. Bose Road 7th Floor, Kolkata-700 020 Phone : 033-40102500 Fax : 033-40033254, 40102543 E-mail: ashika@ashikagroup.com Website : www.ashikagroup.com
Corporate Office	1008, 10th Floor, Raheja Centre 214, Nariman Point, Mumbai-400 021 Phone : 022-66111700 • Fax : 022-66111710 E-mail: mumbai@ashikagroup.com

Members	National Stock Exchange of India Ltd. (NSE) (08334) BSE Ltd. (BSE) (912) Metropolitan Stock Exchange of India Limited (MSE) (18300) Indian Commodity Exchange Ltd. (ICEX) (1133) Multi Commodity Exchange of India Ltd. (MCX) (56415) National Commodity & Derivatives Exchange Ltd. (NCDEX) (1286)
Depository Participant	Central Depository Services India Ltd. (CDSL) National Securities Depository Ltd. (NSDL)
Depository	Registration No.
CDSL / NSDL	IN-DP-533-2020

Form No. 12401

SEBI Registration No.	INZ000169130
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Managing Director	Mr. DAULAT JAIN Tel: (033) 40102500 Email: ashika@ashikagroup.com
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Compliance Officers	Trading	Mr. NAWAL KISHORE KEDIA Tel. : (033) 4010 2500 E-mail ID : nawalkishore@ashikagroup.com
	DP	Mr. NAND KISHOR JAJOO Tel. : (033) 4010 2500 E-mail ID : nkjajoo@ashikagroup.com

Clearing Member Details

Exchange segment	Clearing Member	Clearing Member Code
NSE CDX	Ashika Stock Broking Limited	INZ000169130
BSE CDX	Ashika Stock Broking Limited	INZ000169130
MSE CDX	Ashika Stock Broking Limited	INZ000169130
NSE FO	Ashika Stock Broking Limited	INZ000169130
BSE FO	Ashika Stock Broking Limited	INZ000169130
MSE FO	Ashika Stock Broking Limited	INZ000169130
NSE CO	Globe Capital Market Limited	INZ000177137
BSE CO	Globe Capital Market Limited	INZ000177137
ICEX	Globe Commodities Limited	INZ000024939
MCX	Ashika Stock Broking Limited	INZ000169130
NCDEX	Ashika Stock Broking Limited	INZ000169130

For any grievance/dispute please contact Ashika Stock Broking Limited (ASBL) at the above address or mail at:-
ig@ashikagroup.com (for Trading) and dpervices@ashikagroup.com (for DP) or call us at our Toll Free No.
 1800 212 2525 or at +91-33-4010 2525

In case you are not satisfied with the response, please contact the concerned Exchange(s)/Depository(ies):

Exchange / Depository Contacts	National Stock Exchange of India Limited (NSE) , Phone : 022-26598190 • Email : ignse@nse.co.in
	BSE Limited (BSE) , Phone : 022-22728097 • Email : is@bseindia.com
	Metropolitan Stock Exchange of India Limited (MSE) Phone: 022-61129000, EXT 9028 • Email : investorscomplaints@mse.in
	Multi Commodity Exchange of India Ltd. (MCX) , Phone: 022-67318888, 66494000 • E-mail: grievance@mcxindia.com
	Indian Commodity Exchange Ltd. (ICEX) , Phone: 022-40381546 • Email: grievance@icexindia.com
	Central Depository Services India Limited (CDSL) , Toll Free no. : 1800-200-5533 • Email : complaints@cdslindia.com
	National Securities Depository Limited (NSDL) , Phone : 022-24994200 • Email : relations@nsdl.co.in
	National Commodity & Derivatives Exchange Limited (NCDEX) , Phone : 022-66406789 • Email : ig@ncdex.co.in

You may also lodge your grievances with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on Toll Free Helpline at 1800 22 7575/18002667575

FILING OF COMPLAINTS ON SCORES –

Easy & quick: In order to make the complaint redressal mechanism through SCORES more efficient, the aggrieved Investor can file their respective complaint as per the credentials mentioned below:-

a. Register on SCORES portal :

Get yourself registered,

b. Mandatory details for filing complaints on SCORES:

i. Name, PAN, Address, Mobile Number, Email ID,

c. Benefits:

i. Effective communication, ii. Speedy redressal of the grievances.

Please refer SCORES website link <https://scores.gov.in/scores/Welcome.html> and the FAQs available thereon.



ACCOUNT OPENING KIT - INDEX

This KIT is valid for opening Trading Account and Demat Account with Ashika Stock Broking Limited.
Clients desirous of opening both or any, can utilise the relevant segments of this KIT.

The Trading Code for different desired Segments of the respective Exchanges and Demat account number will be provided on successful generation of the same.

MANDATORY DOCUMENTS

Sl.	Name of the Document	Brief Significance of the Document	Pg No.
1	Know Your Client Form (Individual)	KYC Form captures the basic information about the Client (Trading & Demat)	1-6
2	Know Your Client Form (Non-Individual)	KYC Form captures the basic information about the Client (Trading & Demat)	7-12
3	Additional KYC Form	Additional KYC related details for Trading & Demat Account (Both Individual & Non Individual)	13-16
4	Nomination Form	Format for opting and opting out in Nomination and Declaration thereof	17-20
5	Policies & Procedures	Document describing significant policies and procedures of member with respect to dealing with clients (Equity & Commodity)	21-22
6	Tariff Sheet (Equity/ Commodity & Demat)	Document detailing the rate / amount of brokerage & other charges	23-24
7	Client Commodity-wise Categorization	Document towards commoditywise categorisation as a participant	25
8	Rights & Obligations of Members, Authorised Persons and Clients	Document stating the Rights & Obligations of Member, Authorised Person and Client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	Client Copy
9	RDD	Document detailing risks associated with dealing in the Equity & Commodity market.	
10	Do's and Don'ts for the investors	Document detailing do's and don'ts for trading on Equity & Commodity Exchanges, for the education of the investors.	
11	Rights & Obligation of Beneficial Owner & Depository Participant	Document detailing rights and obligations of beneficial owner and depository participant	

Non-Mandatory Documents as provided by Ashika Stock Broking Ltd.

12	DDPI	Demat Debit & Pledge Instruction & Authorisation	26-27
13	Issue of DIS Booklet/ Social Media Information of the Client	Option Form for Issue of DIS Booklet / Captures Social Media presence of the client	28
14	FATCA / CRS-Individual	Declaration pertaining to foreign tax liability	29-30
15	FATCA / CRS-Non-Individual	Declaration pertaining to foreign tax liability	31-33
16	UBO / Controlling Persons Declaration	Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons. (Non Individual only)	34
17	Declaration/ Mandate	Common Email ID/Mobile Number alongwith mandate for Authorised Representative.	35
18	ECN Mandate (Electronic Format)	It contains authority given to the member for providing various statements in electronic format	36
19	Declaration / Authorisation	Declaration for smooth operation & adherence of compliance	37-38
20	Declaration	Declaration on Open Interest Position.	38
21	Authority Letter for Running Account	Authorisation to maintain a running account for funds.	39
22	Deposits of Securites towards Margin	Authorisation to accept deposit of Securities/Commodities towards "Margin" by way of pledge for the purpose of allowing additional exposure/turnover	40
23	Do's & Don'ts	It contains Do's & Don'ts which are relevant for the operations of trading and demat account	40
24	Questionnaire	It contains the Common Questions towards Risk Profiling of Clients	41
25	Online-Offline Trading and Authorization	It contains client authorisation for Internet Trading and Online-Offline Trading	42
26	PMLA Statement	It contains Prevention of Money-Laundering statement for Client Education.	43

Suggestive Formats

27	Authorisation Format For Partnership & LLP	Declaration Form by Partners (in case of Demat), Firm (in case of trading), Authority letter in favour of Managing Partner and Resolution in case of LLP (Demat a/c)	44-45
28	Board Resolution	Format of Board Resolution as applicable to Corporate / Trust	46
29	HUF Declaration	Authority-cum-declaration for HUF & Joint Family	47

Important Instructions:

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

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhar OTP based (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status	<input type="checkbox"/> Residential Individual <input type="checkbox"/> Non-Resident Indian			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
PAN*	<input type="text"/>			

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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

<input type="checkbox"/>	A- Passport Number	<input type="text"/>
<input type="checkbox"/>	B- Voter ID Card	<input type="text"/>
<input type="checkbox"/>	C- Driving Licence	<input type="text"/>
<input type="checkbox"/>	D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/>	E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/>	F- Proof of Possession of Aadhar	<input type="text"/>
II. <input type="checkbox"/>	E-KYC Authentication	<input type="text"/>
III. <input type="checkbox"/>	Offline verification of Aadhar	<input type="text"/>

PHOTO*

Affix recent
passport size
Photograph and
Sign across it

Signature / Thumb
Impression

Address										 Impression									
Line 1*																			
Line 2																			
Line 3										City / Town / Village*									
District*					Pin/Post Code*					State/U.T. Code*					ISO 3166 Country Code*				

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

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

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

<input type="checkbox"/>	A- Passport Number	<input type="text"/>
<input type="checkbox"/>	B- Voter ID Card	<input type="text"/>
<input type="checkbox"/>	C- Driving Licence	<input type="text"/>
<input type="checkbox"/>	D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/>	E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/>	F- Proof of Possession of Aadhar	<input type="text"/>
II <input type="checkbox"/>	E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/>	Offline verification of Aadhar	<input type="text"/>
IV <input type="checkbox"/>	Deemed Proof of Address - Document Type code	<input type="text"/>
V <input type="checkbox"/>	Self Declaration	


Address													
Line 1*													
Line 2													
Line 3													
District*					Pin/Post Code*			State/U.T. Code*			ISO 3166 Country Code*		

[illegible]

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 am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked. Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.
- I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

 Signature / Thumb Impression of Applicant

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

[illegible]

Date	D	D	—	M	M	—	Y	Y	Y	Y
Name										
Code										
Designation										
Name of the Organisation										
[Signature]										

Name	ASHIKA STOCK BROKING LTD.
Code	IN0711
[Institution Stamp]	

A	Clarification / Guidelines on filling 'Personal Details' section
1	Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2	One the following is mandatory : Mother's name, Spouse's name, Father's name.
B	Clarification / Guidelines on filling 'Current Address details' section
1	In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
2	PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
3	State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4	in Section 2. one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5	In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6	List of documents for 'Deemed Proof of Address':

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
10. REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

- (2)

Important Instructions:

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

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhar OTP based (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status	<input type="checkbox"/> Residential Individual <input type="checkbox"/> Non-Resident Indian			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
PAN*	<input type="text"/>			

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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

<input type="checkbox"/>	A- Passport Number	<input type="text"/>
<input type="checkbox"/>	B- Voter ID Card	<input type="text"/>
<input type="checkbox"/>	C- Driving Licence	<input type="text"/>
<input type="checkbox"/>	D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/>	E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/>	F- Proof of Possession of Aadhar	<input type="text"/>
II. <input type="checkbox"/>	E-KYC Authentication	<input type="text"/>
III. <input type="checkbox"/>	Offline verification of Aadhar	<input type="text"/>

PHOTO*

Affix recent
passport size
Photograph and
Sign across it

Signature / Thumb
Impression

Address										Impression									
Line 1*																			
Line 2																			
Line 3										City / Town / Village*									
District*					Pin/Post Code*					State/U.T. Code*					ISO 3166 Country Code*				

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

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

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

<input type="checkbox"/>	A- Passport Number	<input type="text"/>
<input type="checkbox"/>	B- Voter ID Card	<input type="text"/>
<input type="checkbox"/>	C- Driving Licence	<input type="text"/>
<input type="checkbox"/>	D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/>	E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/>	F- Proof of Possession of Aadhar	<input type="text"/>
II <input type="checkbox"/>	E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/>	Offline verification of Aadhar	<input type="text"/>
IV <input type="checkbox"/>	Deemed Proof of Address - Document Type code	<input type="text"/>
V <input type="checkbox"/>	Self Declaration	

Address

Line 1*

Line 2

Line 3

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

☐ 4. CONTACT DETAILS (All communications will be sent on Mobile number, / Email-ID provided) (Please refer instruction C at the end)

[illegible]

☐ 5. REMARKS (If any)

6. 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 am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.
- I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.
- [Signature / Thumb Impression]

Date : DD-MM-YYYY Place :

 Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

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

☐ KYC DOCUMENT VERIFIED BY ☐ Client interviewed by

Date	D D - M M - Y Y Y Y
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

IN PERSON VERIFICATION (IPV) CARRIED OUT BY

Date	D D - M M - Y Y Y Y
Name	
Code	
Designation	
Name of the Organisation	

INSTITUTION DETAILS

Name	ASHIKA STOCK BROKING LTD.
Code	IN0711



Important Instructions:

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

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	(Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor
		<input type="checkbox"/> Aadhar OTP based (in non-face to face mode)	

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> Non-Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
PAN*				

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of Possession of Aadhar
- II. ☐ E-KYC Authentication
- III. ☐ Offline verification of Aadhar

☐ PHOTO*

Affix recent
passport size
Photograph and
Sign across it

Signature / Thumb
Impression

Address

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

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of Possession of Aadhar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhar
- IV ☐ Deemed Proof of Address - Document Type code
- 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*

<input type="checkbox"/> 4. CONTACT DETAILS (All communications will be sent on Mobile number, / Email-ID provided) (Please refer instruction C at the end)											
Tel. (Off.)	<input type="text"/>	-	<input type="text"/>	Tel. (Res)	<input type="text"/>	-	<input type="text"/>	Mobile	<input type="text"/>	-	<input type="text"/>
Email ID	<input type="text"/>										
<input type="checkbox"/> 5. REMARKS (If any)											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
6. APPLICANT DECLARATION											
<p>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.</p> <p>I am aware of other modes of KYC which are available and I have chosen Aadhar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.</p> <p>I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked. Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.</p> <p>I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.</p>											
Date :	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place :	<input type="text"/>										
[Signature / Thumb Impression]											
Signature / Thumb Impression of Applicant											
7. ATTESTATION / FOR OFFICE USE ONLY											
Documents Received	<input type="checkbox"/> Certified Copies <input type="checkbox"/> E-KYC data received from UIDAI <input type="checkbox"/> Data received from Offline verification <input type="checkbox"/> Digital KYC process <input type="checkbox"/> Equivalent e-document <input type="checkbox"/> Video Based KYC										
<input type="checkbox"/> KYC DOCUMENT VERIFIED BY	<input type="checkbox"/> Client interviewed by										
Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>										
Emp. Code	<input type="text"/>										
Emp. Designation	<input type="text"/>										
Emp. Branch	<input type="text"/>										
IN PERSON VERIFICATION (IPV) CARRIED OUT BY											
Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>										
Code	<input type="text"/>										
Designation	<input type="text"/>										
Name of the Organisation	<input type="text"/>										
[Signature]											
INSTITUTION DETAILS											
Name	ASHIKA STOCK BROKING LTD.										
Code	IN0711										
[Institution Stamp]											

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.

- F) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines / instructions at the end.
I) For particular section update, please tick '✓' in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number

 (Mandatory for KYC update request)

☐ 1. ENTITY DETAILS (Please refer instruction A at the end)

<input type="checkbox"/> Name*	
<hr/>	
Entity Constitution Type*	<input type="checkbox"/> Others (Specify) _____ (Please refer instruction B at the end)
Date of Incorporation / Formation*	Date of Commencement of business
Place of Incorporation / Formation*	Country of Incorporation / Formation*
PAN*	TIN or Equivalent Issuing Country
<input type="checkbox"/> Form 60 furnished	
TIN / GST Registration Number	

☐ 2. PROOF OF IDENTITY (Pol)* (Please refer instruction B at the end)

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation
☐ Registration Certificate

☐ Memorandum and Articles of Association
 ☐ Partnership Deed
 ☐ Trust Deed

☐ Resolution of Board / Managing Committee
 ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)
 ☐ Activity Proof - 2 (For Sole Proprietorship Only)

☐ 3. Address* (Please refer instruction C at the end)

☐ 3.1 Registered Office Address / Place of Business*

Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document
Line 1*			
Line 2			
Line 3			
District*		Pin/Post Code*	City / Town / Village*

☐ 3.2 Local Address in India (if different from Above)*

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

☐ 4. Contact Details (All communications will be sent to Mobile number / Email-ID provided* may be used) (Please refer instruction D at the end)

Tel (Off.)	<input type="text"/>	FAX	<input type="text"/>
Mobile	<input type="text"/>	Email ID	<input type="text"/>
Mobile	<input type="text"/>	Email ID	<input type="text"/>

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

☐ 6. REMARKS (If any)

7. 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 may be held liable for it
- I/we hereby consent to receiving information from Central KYC / KRA Registry through SMS/Email on the above registered number/ email address.

[Signature / Thumb Impression]

Date :

Place :

 Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

KYC DOCUMENT VERIFIED CARRIED OUT BY

Identity Verification ☐ Done Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name ASHIKA STOCK BROKING LTD.

Code IN0711

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check List / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

- | | | |
|--|---|---|
| A - Sole Proprietorship | H - Trust | O - Artificial Jurisdictional Person |
| B - Partnership Firm | I - Liquidator | P - International Organisation or Agency /Foreign Embassy or Consular Office etc. |
| C - HUF | J - Limited Liability Partnership | Q - Not Categorized |
| D - Private Limited Company | K - Artificial Liability Partnership | R - Others |
| E - Public Limited Company | L - Public Sector Banks | S - Foreign Portfolio Investors |
| F - Society | M - Central/State Government Department or Agency | |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013) | |

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

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

E Clarification / Guidelines for filling 'Related Person Details' section

- Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof of Address [PoA]
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

Important Instructions:

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

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

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available only 'Related Person Type' & 'Name' is mandatory
Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficiary Owner ☐ Other (Please Specify) ☐ Other (Please Specify)
DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

☐ Name* (Same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name
Father / Spouse Name
Mother Name
Date of Birth*
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Nationality* ☐ IN- Indian ☐ Others (IS) 3166 Country Code)
PAN* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

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

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhar
II. ☐ E-KYC Authentication
III. ☐ Offline verification of Aadhar

☐ PHOTO*

Affix recent
passport size
Photograph and
Sign across it

Signature / Thumb
Impression

Address

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

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

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

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

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhar
II. ☐ E-KYC Authentication
III. ☐ Offline verification of Aadhar
IV. ☐ Deemed PoA
V. ☐ Self Declaration

Address

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"/>	Pin/Post Code*	<input type="text"/> State/U.T. Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

1.4 Contact Details (All communications will be sent to Mobile number / Email-ID (Please refer instruction D at the end))

Tel (Off)	<input type="text"/>	Tel (Res)	<input type="text"/>	Mobile	<input type="text"/>
Email ID	<input type="text"/>				

2. 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 am aware of other modes of KYC which are available and I have chosen Aadhar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.
- I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date : Place : 

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification

☐ Digital KYC process ☐ Equivalent e-document

KYC DOCUMENT VERIFIED CARRIED OUT BY

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Employee Signature]

INSTITUTION DETAILS

Name ASHIKA STOCK BROKING LTD.

Code IN0711

[Institution Stamp]



KYC - APPLICATION FORM FOR TRADING AND DEMAT A/C - NON-INDIVIDUAL

Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)

A. IDENTITY DETAILS

1	Name of the Applicant			
2	Date of incorporation		Place of incorporation	
3	a. Business Commencement date		b. Regn. No. (eg. CIN)	
4	PAN, copy attached <input type="checkbox"/>			
5	Status (Please tick any one)	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Charities <input type="checkbox"/> Bank <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Others <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Non Govt. Organisation <input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> FI <input type="checkbox"/> Government Body	(Please specify)	

B. ADDRESS DETAILS

1	Correspondence Address	City/Town/Village		PIN Code	
		State		Country	
2	Specify proof of correspondence address submitted				
3	Contact Details	Telephone (office)	Telephone (Res)		
		Fax No.	Mobile No.		
		Email ID			
4	Registered Address (if different from above.)	City/Town/Village		PIN Code	
		State		Country	
5	Specify proof of registered address submitted				

C. DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware we may be held liable for it and the same will render our account liable for termination and suitable action.

Place _____ Signature of Applicant _____ Date _____

Ashika Stock Broking Limited

FOR OFFICE USE ONLY		Documents verified with Originals by	Client interviewed by	In-Person Verification done by
Staff Name/ AP				
Designation/ Reg. Code				
Signature				
Date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
<input type="checkbox"/> (Original verified) Self Certified Documents copies received <input type="checkbox"/> (Self Attested) True copies of documents received				
<p style="text-align: right;">Sign/Seal/Stamp of the intermediary</p>				



DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLETIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)
Form should be filled in English and in Block Letters (Use Black ink only)

Name of Applicant		PAN		
S.N.	Particulars	Photograph	Signature with Stamp	
1	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; min-height: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; min-height: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; min-height: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; min-height: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; min-height: 150px;"> Affix recent passport size Photograph and Sign across it </div>		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No
First Signatory		Second Signatory		
Third Signatory				
Place	Name and signature with Stamp of the Authorised Signatory(ies)		Date	

Ashika Stock Broking Limited

ADDITIONAL KYC RELATED DETAILS FOR TRADING & DEMAT A/C (For both Individual & Non-Individual)

Demat Account Preference (Please tick in relevant boxes)

DP ☐ Central Depository Services Limited (CDSL) ☐ National Securities Depository Limited (NSDL)*

I/We request you to open a Depository Account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)

DETAILS OF ACCOUNT HOLDER(S):

	Sole / First Holder	Second Holder	Third Holder
Name			
PAN			
UID			
UCC			
Exchange Name			
Exchange ID			

For Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., although the DEMAT account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below :

a. Name b. PAN

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.)

<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	Email ID <input type="text"/>
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

Type of DEMAT Account

For Individual Accounts	For Non-Individual Accounts	For NRI / FOREIGN NATIONAL Accounts
<input type="checkbox"/> Minor <input type="checkbox"/> Director <input type="checkbox"/> Ordinary Resident <input type="checkbox"/> Director's Relative <input type="checkbox"/> HUF/AOP <input type="checkbox"/> Margin Trading (MANTRA) <input type="checkbox"/> Margin <input type="checkbox"/> QFI <input type="checkbox"/> Promoter <input type="checkbox"/> Others (pl. specify) <input type="text"/>	<input type="checkbox"/> Body Corporate <input type="checkbox"/> FII <input type="checkbox"/> Clearing Member <input type="checkbox"/> QFI <input type="checkbox"/> Bank <input type="checkbox"/> HUF <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> Trust <input type="checkbox"/> Others, plz specify <input type="text"/> <input type="checkbox"/> FI	<input type="checkbox"/> Repatriable <input type="checkbox"/> F.N. Depository Receipts <input type="checkbox"/> Non-Repatriable <input type="checkbox"/> Foreign National <input type="checkbox"/> Repatriable-Promoter <input type="checkbox"/> Depo. Receipts <input type="checkbox"/> Non Repatriable-Promoter <input type="checkbox"/> Others (Plz. specify) <input type="text"/>

In case of NRI / Foreign Nationals / FII / Others (as may be applicable)

RBI Approval Reference No. RBI Approval Date SEBI Regn. No. (for FIIs only) SEBI Regn. Date

Standing Instructions

1	I/We authorise you to receive credits automatically into my/our Demat account	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Account to be operated through Demat Debit and Pledge Instruction (DDPI) only	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	SMS Alert Facility (Mandatory if you are giving DDPI). (Ensure that the mobile number is provided in the KYC Application Form also.)	
	Sole / First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Family Member	Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Family Member
5	Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Family Member	Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Family Member
6	Account Statement Requirement <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> As per SEBI Regulations	
7	I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	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	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Basic Services Demat A/c <input type="checkbox"/> Yes <input type="checkbox"/> No	11 I/We would like to share the email ID with the RTA <input type="checkbox"/> Yes <input type="checkbox"/> No
12	I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default would be Physical)	<input type="checkbox"/> Physically <input type="checkbox"/> Electronic <input type="checkbox"/> Both

Clearing Member Details (to be filled up by Clearing Members only) - Non-Individual DEMAT Account

ONLY
FOR
DEMAT
ACCOUNT

1	Name of Stock Exchange		2	Name of Clg. Corpn./Clg. House	
3	Clearing Member ID		4	SEBI Regn. No.	
5	Trade Name				
6	CM-BP ID (to be filled up by DP)		7	TM ID (to be filled up by DP)	

GUARDIAN'S DETAILS (same in line with KYC Form - must be filled up where Sole holder is MINOR)

1	Guardian Name					Affix recent passport size Photograph of the guardian and Sign across it
2	Guardian Address					
	City/Town/Village			PIN Code		
	State			Country		
3	Relationship with Minor			4	Guardian's PAN	
5	Contact Details of Guardian		Telephone (Office)	Telephone (Res.)		
			Fax No.	Mobile No.		
			Email ID			
6A	Gross Annual Income (Income Range per Annum (Plz tick))		<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> Above ₹ 25 Lac			
6B	Networth (should not be older than 1 year)		Amount (₹)		As on (Date)	
					D D M M Y Y Y Y	
7	a. Gender		b. Marital Status		c. Date of Birth	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Indian <input type="checkbox"/> Other Pls specify (if other)	
	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		f. Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Pub. Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Govt. Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others, specify	
8	Please tick, if applicable		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)			

OTHER DETAILS

FOR
BOTH

1st Holder	1	Gross Annual Income (Income Range per Annum, Plz tick)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> Above ₹ 25 Lac					
	OR / AND (For Non-Individual)							
		Net worth (Not older than 1 year)	Amount (₹)		As on (Date)			
	2	Occupation (Pls. tick any one give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (plz. specify)					
	3	Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to politically exposed person (RPEP)					
	2nd Holder	1	Gross Annual Income (Income Range per Annum, Plz tick)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> Above ₹ 25 Lac				
		OR / AND (For Non-Individual)						
			Net worth (Not older than 1 year)	Amount (₹)		As on (Date)		
		2	Occupation (Pls. tick any one give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (plz. specify)				
3		Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to politically exposed person (RPEP)					
3rd Holder		1	Gross Annual Income (Income Range per Annum, Plz tick)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> Above ₹ 25 Lac				
		OR / AND (For Non-Individual)						
			Net worth (Not older than 1 year)	Amount (₹)		As on (Date)		
		2	Occupation (Pls. tick any one give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (plz. specify)				
	3	Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to politically exposed person (RPEP)					
	Any Other Information							



FOR TRADING ACCOUNT

Primary		Secondary, if any	
Bank Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others, <small>in case of NRI, NRE/NRO (Plz specify)</small>	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others, <small>in case of NRI, NRE/NRO (Plz specify)</small>	
Bank Account No.			
Bank Name			
Branch Address			
MICR Code			
IFSC Code			
UPI ID			
Proof Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PAST ACTIONS

Details of any actions/proceedings initiated / pending/taken by SEBI/Exchange/any other authority against the applicant/constituent or its Partners / Promoter s/Wholetime Directors / Authorised Persons in-charge of dealing in securities/ commodities during the last 3 years (In case of any details, please provide a separate sheet)

TRADING PREFERENCE

Please sign in the relevant boxes where you wish to trade.
Please strike off the segment not chosen by you.

EXCHANGE	NSE, BSE & MSEI				MCX, NCDEX, BSE & NSE
ALL SEGMENT	CASH / MUTUAL FUND	F & O	CURRENCY	DEBT	COMMODITY DERIVATIVES
					DATE :

In case you do not wish to trade in any segments/ Mutual Funds, please mention here

1. I/We are interested to trade into commodity options and hereby accord my/our consent to trading in commodity options.
2. I/We have gone through the additional risk disclosure document and have appraised myself/ourselves with the risk of trading in commodity options.
3. This consent is valid till I/we revoke the same. I/We understand that I/we have right to withdraw the same at any point of time.
If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

DP DETAILS

[illegible]

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
<p>* If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s) only specified operation such as transfer of securities including Inter-Depository Transfer, Pledge/Hypothecation/Margin Pledge/Margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.</p>	

WHETHER DEALING WITH ANY OTHER STOCK BROKER / AP OF OTHER BROKERS (IN CASE DEALING WITH MULTIPLE STOCK BROKER / AP OF OTHER BROKER, PROVIDE DETAILS OF ALL)

Stock Broker's Name			
AP's Name, if any			
Client Code		Exchange	
Details of disputes/dues pending from/to such stock broker/AP of other Brokers			

ADDITIONAL DETAILS

FOR BOTH DEMAT AND TRADING ACCOUNT	Whether you wish to receive physical contract notes/Documents or electronic contract notes (ECN)/Documents, please select		<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic
	If Electronic, please specify your E-mail ID			
	Whether you wish to avail of the facility of Internet Trading / wireless technology, please tick		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of years of Investment / Trading Experience			
	In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorised to deal in securities on behalf of company / firm / others : Fill in Annexure A			

INTRODUCER DETAILS

Introducer's Name	First Name	Middle Name	Surname
Introducer's Address			
Introducer's Status	<input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Other (pls. specify)_____		
Signature			Phone No.

CLIENT CATEGORISATION

Please Select () on the below appropriate category depending upon your proposed nature of your activity against each product type.	
Commercial - <input type="checkbox"/> Product type - <input type="checkbox"/> Bullion - <input type="checkbox"/> Base Metals - <input type="checkbox"/> Energy - <input type="checkbox"/> Agri-Commodities - <input type="checkbox"/>	Non-Commercial - <input type="checkbox"/> Product type - <input type="checkbox"/> Bullion - <input type="checkbox"/> Base Metals - <input type="checkbox"/> Energy - <input type="checkbox"/> Agri-Commodities - <input type="checkbox"/>
1. COMMERCIAL: Commercial Client includes Value Chain / Physical market participant / exporter / importer / having direct / indirect Exposure to the underlying Commodity 2. NON-COMMERCIAL: Non Commercial Client includes Trader / Arbitrageur	

NOMINATION FORM (FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

Details of TM / DP :

ASHIKA STOCK BROKING LIMITED







'TRINITY', 226/1, A.J.C. Bose Road, 7th Floor, Kolkata - 700020

Date	D	D	M	M	Y	Y	Y	Y	DP ID							Client ID					
									UCC												

I/We wish to make a nomination. [As per details given below]

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.

Nomination can be made upto three nominees in the account.			Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)				
2	Share of each Nominee	Equally [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	Relationship with the Applicant (If Any)				
4	Address of Nominee(s) City / Place: State & Country: PIN Code				
5	Mobile / Telephone No. of Nominee(s) #				
6	Email ID of Nominee(s) #				
7	Nominee Identification details # [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no.		 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression

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

8	Date of Birth {in case of Minor Nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of Minor Nominee(s) }			
10	Address of Guardian(s)			

NOMINATION DETAILS

	City / Place: State & Country: PIN Code:			
11	Mobile / Telephone no. of Guardian #			
12	Email ID of Guardian #			
13	Relationship of Guardian with Nominee			
14	Guardian Identification details # – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no.	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression	 Affix recent passport size Photograph  Signature / Thumb Impression
	Name(s) of holder(s)	Signature		Witness
	Sole / First Holder (Mr./Ms.)			Signature: _____
	Second Holder (Mr./Ms.)			Name: _____
	Third Holder (Mr./Ms.)			Address: _____ _____

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

Optional fields (Information required at Serial Nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)

Declaration Form for Opting Out of Nomination


Details of TM / DP : To ASHIKA STOCK BROKING LIMITED 'TRINITY', 226/1, A.J.C. Bose Road 7 th Floor, Kolkata - 700020	Date	D	D	M	M	Y	Y	Y	Y
UCC									
DP ID									
Client ID (only for Demat account)									
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)*									
Signature:	1. _____	2. _____	3. _____						
Name:	1. _____	2. _____	3. _____						

Witness Signature: _____ Name: _____ Address: _____ _____	Witness Signature: _____ Name: _____ Address: _____ _____
--	--

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

DECLARATION

1. I / We have received and read the 'Rights and Obligations' document and 'Terms & Conditions' and agree to abide by and to 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/ASBL 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.
2. The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case of non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".
3. I/We confirm having read/been explained and understood the contents of the document on 'Policy and Procedures', Voluntary Document and Tariff Sheet of the Stock Broker.
4. I/We further confirm having received, read and understood the contents of the "Rights and Obligations" and "Risk Disclosure Documents." I/We 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 along with DO's and DON'Ts has been displayed for information on stock broker's designated website.

Name	Sole Applicant / First Signatory / Guardian (in case sole holder is Minor)	Second Applicant / Signatory	Third Applicant / Signatory
Signature(s) of Holder(s) / Signatory(ies) (Plz use Black ink)			
Place	Date		

We undertake that we have made the client aware of 'Policy and Procedures', 'Tariff Sheet' and all the 'Non-Mandatory' documents. We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. We have provided him/it a copy of all the KYC documents. 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. We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on our website, if any, for the information of the clients.

Place _____

Date _____

Signature of Authorised Signatory

Seal / Stamp of Ashika Stock Broking Ltd.

REFUSAL OF ORDERS FOR PENNY STOCK: A stock that trades at a relatively low market price with low market capitalisation, these stocks are generally considered to be highly speculative and risky because of their lack of liquidity, large bid-ask spreads, small capitalisation and limited disclosures. We do not restrict client for trading in the penny stock, if the same is permissible by the exchange and our risk management and surveillance (RMS) policy. In this regard we ensure that the brokerage charged on the transaction involving penny stock shall not exceed the prescribed maximum limit as per exchange norms. We also ensure that same shall not be construed as an arrangement in any form so as to inflate, depress or cause fluctuation in the price/ volume of the penny stock so as to hurt the true sentiments of the market.

SETTING UP OF CLIENTS EXPOSURE LIMIT: ASBL will normally give exposure at a predetermined multiple for the net credit balance lying in the client's ledger (across all segment) or on the unencumbered securities after taking into account the same to be sufficient to meet the upfront margin requirement in terms of the margin collection mechanism as specified by the Regulator and Exchanges from time to time. Exposure on securities is given after appropriate haircut as per exchange. ASBL may from time to time impose and vary limits on the orders that the client can place through its trading system (including exposure limits, turnover limits, limits as to the number, value in respect of which orders can be placed etc.). The client is aware and agrees that ASBL may need to vary or reduce the limits or impose new limits urgently on the basis of its risk perception and other factors considered relevant by it including but not limited to limits on account of exchange / SEBI directions etc.

APPLICABLE BROKERAGE RATE: The rate of brokerage varies from clients to clients. For those clients having frequency in transaction, generally the brokerage is on the lower front rather than for those who trade infrequently. The broker is entitled to charge brokerage within the limits imposed by exchange. However brokerage and other charges as agreed by the Client is indicated and duly signed by the client under brokerage slab. If there is any upward revision of brokerage, the same will be intimated with 15 days prior notice to the client. For any downward movement, the same would be done on immediate basis post intimation to Client.

INTEREST ON DELAYED PAYMENT: The client agrees that interest at the maximum rate of 24% p.a. will be charged on any amounts which are overdue from the client towards trading or on account of any other reason to ASBL.

IMPOSITION OF PENALTY: In case, where the broker has to pay any fine/penalty or bear any punishment from any authority in connection with/as a consequence of/in relation to any of the order/trades/deals/actions of the client, the same shall be borne in actual by the client through the issuance of debit note as per the applicable norms specified by SEBI & Exchanges.

THE RIGHT TO SELL CLIENT'S SECURITIES OR CLOSE CLIENTS POSITIONS, WITHOUT GIVING NOTICE TO THE CLIENT, ON ACCOUNT OF NON PAYMENT OF CLIENT'S DUES: As the SEBI Circular - CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 mandates liquidation of securities in Capital Market Segment in case of non-payment within 5 trading days from the pay-out wherein no pre-order confirmation is required. However, as a best practice, we will issue margin call and reminder to client for making payments within 5 trading days. The client shall ensure timely availability of funds for meeting his/her/its payin obligation. ASBL shall not be responsible for any claim/loss/damage arising out of non availability of funds by the client for meeting the pay in obligation of either funds or securities.

ASBL has the right but not the obligation, to cancel all pending orders and to close/liquidate all open positions in equity derivatives and commodities at the pre-defined square off time or when Mark to Market loss (MTM) reaches the desired % or margin available with ASBL is not sufficient to cover the risk or the client have not taken any steps either to replenish the margin or reduce the Mark to Market loss. In the event of such square off, the client agrees to bear all the losses based on actual executed prices. In case open position (ie. short /long) gets converted into delivery due to non square off because of any reason whatsoever, the client agrees to provide funds to fulfill the payin obligation failing which the client will have to face auctions or internal close outs, in addition to this, the client will have to pay penalties and charges levied by the exchanges in actual and losses.

Notwithstanding anything to the contrary in the agreement or elsewhere, if the client fails to maintain or provide the required margin/fund/security or to meet the funds/margins pay in obligations for the orders/trades/deals of the client within the prescribed time and form, the ASBL shall have the right without any further notice or communication to the client to take any one or more of the following steps:

1. To withhold any payout of funds.
2. To withhold /disable the trading/dealing facility to the client.



3. To liquidate one or more security(s) of the client by selling the same in such manner and at such rate which ASBL may deem fit in its absolute discretion.
4. To liquidate / square off partially or fully the position of sales & / or purchase in any one or more commodities contracts in such manner and at such rate which ASBL may decide in its absolute discretion.
5. To take any other steps which in the given circumstances, ASBL may deem fit.

SHORTAGE IN OBLIGATIONS ARISING OUT OF INTERNAL NETTING OF TRADES: If there are shortages due to internal netting of client's position, the same would be squared off with the highest of the given prices:- (provided that the same shall not exceed the highest price prevailing in the Exchange from the first day of the relevant trading period till the day of closing out or 20% above the official closing price on the auction day whichever is higher)

1. Percentage on closing rate of auction date
 - a) Upto 100.99/- (scrip rate) x 7.5%
 - b) >101<500.99/- (scrip rate) x 5%
 - c) 501/- (scrip rate) and above x2.5%
2. Buying / selling average rate
3. Market Auction Rate

ASBL shall not be obliged to deliver any commodities or pay any money to the client unless and until the same has been received by it from the exchange, the clearing corporation/clearing house or other company or entity liable to make the payment and the client has fulfilled his/her/its obligations first. The commodities delivered short are purchase from the market and the purchase consideration (including all statutory charges and levies) along with a penalty is debited to the short delivery seller client.

CONDITIONS UNDER WHICH A CLIENT MAY NOT BE ALLOWED TO TAKE FURTHER POSITION: The same holds good when (1) ledger reflects continuous debit balance (2) inadequacy of margin (3) any other outstanding dues (4) Further position in the given scrip is prohibited by the Exchange.

The client is not entitled to trade without adequate margin / security and that it shall be his/her/its responsibility to ascertain beforehand the margin / security requirements for his/her/its orders/trades/deals and to ensure that the required margin/ security is made available in such form and manner as may be required by ASBL The client further agrees that he/she/it shall be responsible for all orders (including any orders that may be executed without the required margin in the client's account) & / or any claim / loss / damage arising out of the non-availability / shortage of margin / security required by the broker & / or exchange & /or quantum & or percentage of the margin & / or security required to be deposited / made available from time to time. The margin/security deposited by the client with ASBL is not eligible for any interest.

CLOSURE OF CLIENTS ACCOUNT: Closure request from the client is obtained in the prescribed format, specifying the reasons for closure. The form should be duly signed by the client. The same is forwarded to the Head Office where it is processed after the signatures are being verified. Any pending settlements in the existing code are also thoroughly cross verified. An exit interview over telephone may also be taken from the HO end. Then the exiting code is deactivated in Back Office Software as well in the Exchange records. Closure intimation is sent to the client through E-mail. Interdepartmental intimation is also sent in such cases if required. ASBL is entitled to disable / deregister the trading facility/client , if in the opinion of ASBL, the client has committed a crime / fraud or has acted in contradiction of this terms and conditions or / is likely to evade/ violate any laws, rules regulations, directions of a lawful authority whether Indian or foreign or if the ASBL so apprehends.

DE-REGISTRATION OF THE CLIENT: Only in case of those clients who are consequently debarred from trading by SEBI/STOCK EXCHANGES or in case of breach of any terms and conditions of the agreement entered into with the client. All clients who have not executed a single trade for last 12 months shall be treated as Dormant and the same shall be made active only upon submission of specific request for the same as per the norms envisages by the exchanges and SEBI in sync with the internal policy of the company.

 _____

Tariff Sheet (For Trading in Equity & Commodity Derivatives)

A. BROKERAGE*

1. Capital Market Segment

Square up Brokerage
(chargeable for each leg of transaction)
Delivery Brokerage

2. Future & Options Segment

Brokerage in Futures
Brokerage in Options (per lot)

3. Currency Derivative Segment

Brokerage in Futures
Brokerage in Options (per lot)

NSE	
%	Min. Paisa
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

BSE	
%	Min. Paisa
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MSE	
%	Min. Paisa
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

	Per lot	%	Min. Paisa
NSE-CO	<input type="text"/>	<input type="text"/>	<input type="text"/>
NSE-CO Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSE-CO	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSE-CO Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICEX	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICEX Option	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Brokerage Slab Per lot	%	Min. Paisa
MCX	<input type="text"/>	<input type="text"/>	<input type="text"/>
MCX Options	<input type="text"/>	<input type="text"/>	<input type="text"/>
NCDEX	<input type="text"/>	<input type="text"/>	<input type="text"/>
NCDEX Options	<input type="text"/>	<input type="text"/>	<input type="text"/>

*: Please don't mention any (%) or (.) mark here. It should be in terms of absolute paisa only. #: Please don't mention any (%) or (.) mark here. It should be in terms of Rs. per lot only.

LIST OF CHARGES ON ACTUAL BASIS

- B. OTHER CHARGES** 1. GST on Brokerage, 2. GST on Turnover Charges, 3. Stamp Duty, 4. SEBI Turnover Charges, 5. Investor Protection Fund, 6. Securities Transaction Charges (STT) / Commodity Transaction Charge (CTT) 7. Investor Protection Fund (CDX only)
- C. Additional charges :** Rs 100/- per PAN per KYC will be applicable as Processing Fees
Rs 50 (+ GST) towards participation in Buy-back / IPO / De-listing / Takeover and other ancillary charges

Date : _____

Signature of Client _____

Futures & Options in commodities will be on the Underlying Commodity or Index

* Brokerage as levied shall not exceed the maximum as prescribed in SEBI Guidelines.

ACKNOWLEDGEMENT TO ASHIKA STOCK BROKING LTD. FROM CLIENT

To
ASHIKA STOCK BROKING LTD.
Trinity, 226/1, AJC Bose Road, 7th Floor, Kolkata-700 020

I / We hereby confirm that I / We have gone through all the relevant clauses at the time of execution of KYC and has sought the relevant clarification wherever required from the officials of ASBL.

Moreover please arrange to provide the following documents in ☐ Electronic via E-mail ☐ Physical

Sl. No.	Brief Description of the Document	
1.	Right and Obligations of Stock Brokers, Authorised Person and Clients (Equity & Commodities Derivatives)	Client Copy
2.	Rights and Obligations of Beneficiary Owner and Depository Participant as prescribed by SEBI & Depository	
3.	Internet and Wireless technology based trading facility provided by Stock Brokers to Client. (Equity & Commodities Derivatives)	
4.	Risk and Disclosure document. (Equity & Commodities Derivatives includes option trading in commodities).	
5.	Guidance note - Do's and Don't for trading on the Exchange(s) for Investors. (Equity & Commodities Derivatives)	
6.	Executed Copy of KYC	

For _____ Client Code : _____

		
Signature of Sole / 1st Holder	Signature of 2nd Holder	Signature of 3rd Holder

Note: The standard documents (Client Copy) are also available in vernacular language on our Website: www.ashikagroup.com and can be downloaded at any point of time for reference.



Charges for Depository Services (Schedule 'A')

Schedule of charges forms an integral part of the DP - Client Agreement

FOR DEMAT ACCOUNT

Sr. #	Depositories	CDSL & NSDL				
I	Equity / Mutual Fund Segment	BSDA Charges		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		For holding value <=₹50K	For holding value>₹50K & <=₹2L	Scheme A	Scheme B	Scheme C
1	Account Opening / Closing	NIL				
2	Annual Maintenance	NIL	₹ 100/- P.A.	NIL	₹ 200/- P.A.	₹ 1500/- (for lifetime)
3	Debit from Account (Payin with Ashika)	₹ 45/-	₹ 35/-	₹ 25/-	₹ 15/-	₹ 10/-
4	Off Market / Inter Depository Charges	₹ 45/-	₹ 35/-	₹ 25/-	₹ 15/-	₹ 15/-
5	Dematerialisation	₹ 2/- per certificate + ₹ 50/- as courier charges				
6	Dematerialisation Rejection	₹ 50/- per rejection				
7	Rematerialisation	₹ 15/- per certificate or a fee of ₹ 15/- for every 100 securities or part thereof whichever is higher + Courier charges				
8	Rematerialisation Rejection	₹ 50/- per rejection				
9	Pledge Charges per Transaction	Pledge		Un-pledge		Invocation
	Normal Pledge	0.02% of the Value (Min. ₹ 50/- per Transaction)				
	Margin Pledge	₹ 15		₹ 15		₹ 15
	CUSPA Pledge	₹ 30		NIL		₹ 15
	MTF Margin Pledge	₹ 20		₹ 20		₹ 20
10	Freeze / De-freeze	₹ 25/-				
11	KYC details Modification	₹ 30/- Each Physical Request				
12	Holding or Transaction Statement Charges	₹ 100/- Each Physical Request per FY				
13	DDPI/POA Registration or withdrawal charges	₹ 100/- Each Request				
14	DIS Book Charges (5 Slips)	Rs 50/- per Book. First Book Free				

NOTES

- Cheque/Demand Draft should be in favor of "Ashika Stock Broking Limited"
- Ashika Stock Broking Limited reserves the right to change the above tariff meant exclusively for DP by providing 30 days written notice and this will be binding on all.
- Clients must ensure that their name, Client/BO ID and Bill number is written behind every cheque/Demand Draft deposited by them.
- Tax as applicable would be levied on the above charges.
- In case of any debit balance in Client's name existing with the Company, DP is authorised to refuse to accept any type of instruction relating to transfer of shares/securities from client's account, till the clearance of such dues.
- ₹50/- + bank charges will be levied for any cheque dishonour, per instance.
- AMC Charges will be applicable on quarterly basis.
- Franking/Stamp charges will be applicable extra.
- Extra account maintenance charges for Corporate Account ₹500/- p.a. with scheme applied.
- The Client agrees to pay the charges as set out herein above subject to any change therein from time to time and specifically authorises DP to debit all type of dues/charges as set out herein above to client's Trading Account Code _____ having with Ashika in NSE and/or BSE Segment.
- BSDA Scheme is applicable only for Individual Clients.
- Consolidated Account Statement Charges as levied by respective Depository will be levied as and when applicable.
- In case of late payment of DP Bill, Client shall be liable to pay interest @ 13% per annum.
- I/We authorise Ashika Stock Broking Limited as a DP to convert my/our Demat account to BSDA scheme as and



I / We accept the above scheme	SCHEME A <input type="checkbox"/>	SCHEME B <input type="checkbox"/>	SCHEME C <input type="checkbox"/>
--------------------------------	-----------------------------------	-----------------------------------	-----------------------------------



Signature of Sole / 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

To

ASHIKA STOCK BROKING LIMITED

'TRINITY', 226/1, A.J.C. Bose Road, 7th Floor, Kolkata - 700020

I/We do hereby declare that my/our Commodity-wise categorisation as a participant is as follows:

Sr. No.	Symbol Description	*Farmer / EPOS	*Value Chain Participants (VCPs)	*Proprietary Trades	*Domestic Financial Institutional Investors	*Foreign Participants	*Others
1	AGRIDEX						
2	ALMOND						
3	ALUMINIUM						
4	BAJRA						
5	BARLEY						
6	BRASS						
7	CARDAMOM						
8	CASTOR SEED						
9	CHANA						
10	COPPER						
11	CORIANDER/DHANIYA						
12	COTTON						
13	COTTONSEED OIL/CAKE/AKOLA						
14	CPO - CRUDE PALM OIL						
15	CRUDE OIL						
16	GOLD						
17	GUARGUM						
18	GUARSEED						
19	GUAREX						
20	GUMSYOIL						
21	GUR						
22	HIPROSOYBEANMEAL						
23	JEERA						
24	KAPAS						
25	LEAD						
26	MAIZE						
27	MCXBULLDEX						
28	MCXMETLDEX						
29	MENTHA OIL						
30	MOONG						
31	NATURAL GAS						
32	NICKEL						
33	PADDY BASMATI						
34	PEPPER						
35	RAPE MUSTARD SEEDS						
36	RBDPMOLEIN						
37	RUBBER						
38	SESAMESEED						
39	SILVER						
40	SOY OIL						
41	SOYABEAN						
42	SOYDEX						
43	STEEL						
44	SUFIBLT						
45	SUGARM						
46	TURMERIC						
47	WHEATKOTA						
48	ZINC						
49	ENERGY INDEX FUTURES						

I/We also give any consent to upload the information to the respective commodity exchanges.

(1) Farmers/FPOs: It includes participants such as farmers, farmers' cooperatives, Farmers Producers Organisations (FPOs) and such entities of like nature. **(2) Value chain participants (VCPs):** It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs. **(3) Proprietary traders:** It includes the members of stock exchanges trading in their proprietary account. **(4) Domestic financial institutional investors:** It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives. **(5) Foreign participants:** It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets. **(6) Others:** All other participants which cannot be classified in the above categories.



Demat Debit and Pledge Instruction (DDPI) Authorization

Date:





To,

ASHIKA STOCK BROKING LIMITED
TRINITY, 7TH FLOOR,
226/1 AJC BOSE ROAD, KOLKATA - 700 020

Dear Sir/Madam,

Sub: Demat Debit and Pledge Instruction (DDPI) Authorisation

I/We, (UCC _____) hereby explicitly agree, authorize and give consent to authorize ASHIKA STOCK BROKING LIMITED (ASBL), to access Beneficial Owner (BO) Account _____ as per following purposes:

S. No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts of mine / us (clients) towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me / us (clients) on the Stock Exchange through Ashika Stock Broking Limited.	1st Holder  2nd Holder _____ 3rd Holder _____
2.	Pledging / re-pledging of securities in favour of Ashika Stock Broking Limited / Clearing Member (CM) / Clearing Corporations (CC) for the purpose of meeting margin requirements of the clients in connection with the trades executed by me/us (the clients) on the Stock Exchange.	1st Holder  2nd Holder _____ 3rd Holder _____
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	1st Holder  2nd Holder _____ 3rd Holder _____
4.	Tendering shares in open offers through Stock Exchange platforms.	1st Holder  2nd Holder _____ 3rd Holder _____

Signature of First Holder

Signature of Second Holder

Signature of Third Holder

I/we am/are entitled to revoke this authorisation at any time, after sending the revocation letter at your office. Such revocation shall not affect my/our obligations outstanding at the time of such revocation and the authority granted hereunder shall continue until all transactions and instructions already executed or issued have been settled.


Schedule I provides the details of demat account of ASBL/Clearing Members/Clearing Corporations/Exchanges, where client shares / commodities can be transferred / Pledged / Repledged.

*The same may be e-signed or signed physically. DDPI document shall be valid from the date as specified by Regulator

SCHEDULE - I

Depository Participants Name	Demat Account No.	Exchange	Name/Type
Ashika Stock Broking Limited	IN564705	NSE	CM BP ID/Pool
Ashika Stock Broking Limited	12034500-00948267	NSE	NSE Pool Account
Ashika Stock Broking Limited	11000011-00022281	NSE	Early Pay-in
Ashika Stock Broking Limited	12034500 - 00004011	BSE	BSE Pool Account
Ashika Stock Broking Limited	IN655195	BSE	CM BP ID/Pool
Ashika Stock Broking Limited	11000010 - 00014766	BSE	Early Pay-in
Ashika Stock Broking Limited	IN303591 - 10068478	NSE	CM/TM - Margin (CMPA)
Ashika Stock Broking Limited	12034500 - 00852711	NSE	CM/TM - Margin (CMPA)
Ashika Stock Broking Limited	IN565576	NSCCL	MF - NSE Pay-in
Ashika Stock Broking Limited	IN620031	ICCL	MF - BSE Pay-in
Ashika Stock Broking Limited	12034500 - 00948043	NSE / BSE	CUSPA
Ashika Stock Broking Limited	IN303591 - 10094219	NSE / BSE	CUSPA

Signed and delivered for and on behalf of the Client,

 _____ First Holder	_____ Second Holder	_____ Third Holder
--	------------------------	-----------------------

In case of HUF all adult Co-Parceners should sign

Name	Signature of Co-parcener
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

For **Ashika Stock Broking Ltd.**

(Director / Authorised Signatory)



OPTION FORM FOR ISSUE OF DIS BOOKLET

To,
ASHIKA STOCK BROKING LIMITED
 'TRINITY', 226/1, A.J.C. Bose Road, 7th Floor, Kolkata - 700020

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

☐ **OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

OR

☐ **OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

For CDSL	SMS Alert Facility (Refer to Terms & Conditions given as Annexure 2.4)	Mobile No. +91 [(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.)														
	Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using Mobile number registered for SMS Alert Facility. I have read and understand the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 33%;">Stock Exchange Name / ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 33%;">Clearing Member ID (Optional)</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)									
	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)													
Easi	To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.															
For NSDL	SPEED-e	For SPEED-e registration, please visit at https://eservices.nsdl.com .														

SOCIAL MEDIA INFORMATION OF THE CLIENT

Facebook ID																			
Twitter ID																			
Linkedin ID																			



Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :
 - a) Birth _____ b) Citizenship _____
 - c) Residence for Tax Purposes _____
2. US Person* : ☐ Yes ☐ No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :

i) TIN _____	Country of Issue _____
ii) TIN _____	Country of Issue _____
iii) TIN _____	Country of Issue _____
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

- (i) Under penalty of perjury, I/we certify that :
 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof.
(This clause is applicable only if the account holder is identified as a US person)
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
- (ii) I/We understand that Ashika Stock Broking Ltd. (ASBL) is relying on this information for determining the status of applicant named above in compliance with FATCA/CRS. Ashika Stock Broking Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities ASBL may also be required to report, reportable details to CDDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature : _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature _____

Document Proof submitted (Please tick document being submitted)

- | | | | | |
|---|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Election Id Card | <input type="checkbox"/> PAN Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> UIDAI Letter |
| <input type="checkbox"/> NREGA Job Card Govt. | <input type="checkbox"/> Issued ID Card | | | |

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

Applicant Name _____

PART I

- A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:
☐ Yes ☐ No

*If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company
 _____ and proceed to sign the declaration.*

- B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : ☐ Yes ☐ No
If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.

- C. Is the account holder an Indian Financial Institution : ☐ Yes ☐ No
If "yes", please provide your GIIN, if any _____. If "No", proceed to point D.

- D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : ☐ Yes ☐ No
If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.

CUSTOMER DECLARATION

() Under penalty of perjury, I/we certify that :

1. The applicant is:
 - (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
 - (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
 - (i) I/We understand that Ashika Stock Broking Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. ASBL is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
 - (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
 - (iii) I/We agree that as may be required by domestic regulators/tax authorities ASBL may also be required to report, reportable details to CBDT or close or suspend my account.
 - (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 _____ Signature 2 _____

Signature 3 _____ (As per MOP)

Date : _____

Signature  _____



PART II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards(CRS)

Section 1 : Entity information

Name of Entity _____

Customer id (if existing) _____ Entity Constitution Type _____

Entity Identification type : Tax Identification Number (TIN) US GIIN Company Identification Number
Global Entity Identification Number (EIN) Other

Entity Identification No. _____

Entity Identification issuing country _____ Country of Residence for tax purpose _____

Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

- a) An entity incorporated and taxable in US (Specified US person) : Yes No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) _____

- b) An entity incorporated and taxable outside of India (other than US) : Yes No

If "Yes", please provide your TIN or its functional equivalent _____

Provide your TIN issuing country _____

- c) Please provide the following additional details if you are not a Specified US Person :

FATCA / CRS classification for Non-financial entities (NFFE)

☐ Active NFFE ☐ Passive NFFE without any controlling Person☐ Passive NFFE with Controlling Person(s) : ☐ US ☐ Others☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus Ashika Stock Broking Ltd. is not required to do the reporting)

Please provide GIIN number : _____

Section 3 : Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

- a. An entity is a U.S. financial institution : Yes No

If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)

(ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below :

FATCA classification

Please provide the Global Intermediary

Identification number (GIIN) or other information where

☐ Reporting Foreign Financial Institution in a Model 1
Inter-Governmental Agreement ("IGA") Jurisdiction _____☐ Reporting Foreign Financial Institution in a Model 2
IGA Jurisdiction _____☐ Participating FFI in a Non-IGA Jurisdiction _____☐ Non-reporting FI _____☐ Non-Participating FI _____☐ Owner-Documented FI with specified US owners _____Signature  _____

Section 4 : Controlling person declaration

If you are classified as “Passive NFFE with Controlling Person(s)” or “Owner documented FFI” or “Specified US person”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

- (i) Under penalty of perjury, I/we certify that :
- The number shown on this form is the correct taxpayer identification number of the applicant, and
 - The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that Ashika Stock Broking Ltd. is relying on this information for the purpose of determining the status of applicant named above in compliance with CRS/FATCA. Ashika Stock Broking Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by Regulatory authorities, Ashika Stock Broking Ltd. shall be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)

Name _____ Date (DD/MM/YYYY) _____

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

(Mandatory for Non-individual Investors)
(To be provided on Letter Head)

I. Investor Details:

Name of the Client _____

II. Category:

- ☐ Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company
[If this category is selected, no need to provide UBO details]
- ☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated Association / Body of Individuals
☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust
☐ Trust created by a Will ☐ HUF ☐ Others [please specify] _____

UBO / Controlling Person(s) details

Sl. No.	Name of UBO	Country of Tax Residency	Taxpayer Identification Number / PAN / Equivalent ID Number	% of beneficial interest	Address, Address Type & Contact details (include City, Pincode, State, Country)	Gender (Male, Female)	PEP	Nationality	Occupation [Service, Business, Others]

Declaration

We acknowledge and confirm that the information provided above is true and correct to the best of our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, we are aware that we may liable for it. We hereby authorize Ashika Stock Broking Ltd. [ASBL] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by us, including all changes, updates to such information as and when provided by us to any of the relevant Authorities or any Indian or foreign governmental or statutory or judicial authorities / agencies without any obligation of advising us of the same. Further, we authorize to share the given information to other SEBI Registered Intermediaries and/or any other regulated intermediaries registered with SEBI / RBI / IRDA to facilitate single submission / update & for other relevant purposes. We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Client Signature  _____

Date: _____

Place: _____

INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

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

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.



DECLARATION FOR COMMON MOBILE AND EMAIL ID

NON-MANDATORY

Date : _____

To,
Ashika Stock Broking Ltd.
Kolkata**Subject : Common Mobile / Email ID For Trading and DEMAT account**

Dear Sir,

I, Mr/Mrs _____ having trading code as _____ and Demat account number as _____ would like to confirm that the Mobile number _____ and Email ID _____ is registered in my/our name. I am your registered client.

Upon understanding from you that my mobile number/email id is registered with some of the clients who have trading and/or demat accounts with you, I have to state that this is in my full knowledge and I have consented to the below clients who are my relative/s* to state my mobile number/email id in their KYCs to which I have no objection. All the transactions in their accounts are not only done as per their respective instructions but they are well conveyed by us of all the SMS/Email belonging to them which are sent by you to us on our above mobile number/email id.

All these below clients also do not have any objection to the same.

Sr.No.	Client Name	PAN No.	Trading Code	Demat A/c.	Relation
1.					
2.					
3.					
4.					
5.					

However, in case of any further regulatory requirements, I undertake to abide upon hearing from you.

Thanking You.

Declarant's Name: _____

Declarant's Signature: _____

Client Name : _____

Client Signature : _____

***Note :** The close relatives ONLY to be included are – Spouse, Dependent Children and Dependent Parents

MANDATE FOR AUTHORIZED REPRESENTATIVE

NON-MANDATORY

We are having a trading account bearing client code _____ with Ashika Stock Broking Ltd. do hereby authorize Mr./Ms _____, being our _____ R/o _____ herein after referred to as authorized representative whose signature is given below, to trade on my behalf and I further accept that all obligations arising out of trades executed by such person will be met by me. Further, I authorize you to accept all instructions, from such person pertaining to settlement of transactions in our account.

I also undertake to indemnify Ashika Stock Broking Ltd. for all dues, penalties, and incidental expenses relating to and arising out of and in connection with transactions pertaining to trading account no. _____ with Ashika Stock Broking Ltd and operated by my authorized representative Mr / Mrs. _____.

Place : _____

Date : _____

(Signature of Mandate Holder) Attested

Authorised Signature of Authorised Representative_____
Aadhaar No of the Authorised Representative

Note: In case the client does not sign this mandate, orders, instructions and payment / transfer advises shall not be accepted in the client account from the person (s) other than the client.

**Electronic Contract Note [ECN] — DECLARATION
(Mandatory if client opts for ECN)**

To,
M/s. Ashika Stock Broking Limited
“Trinity”, 7th Floor, 226/1, A. J. C. Bose Road
Kolkata – 700020

Dear Sir,

I/We _____, a client with Member,
M/s. Ashika Stock Broking Limited, member of respective Exchanges 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/us unless I/We myself/ourselves want the same in the electronic form.
- I/We am/are aware that the Member has to provide electronic contract note for my/our convenience on my/our 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.
- My/Our email Id is/are * _____. 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 e-mail ID.


The above declaration and the guidelines on ECN as envisaged by the exchange have been read and 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.

****(The email id must be written in own handwriting of the client.)***

Client Name : _____

Unique Client Code : _____ PAN : _____

Address : _____

Signature  _____ Date : _____ Place : _____

Verification of the client signature done by : ✓ _____

Name & Designation of the designated officer of the Member : _____

Signature : ✓ _____ Date: _____

Terms and Conditions :

Terms and Conditions for availing the facility of the Electronic Contract Notes & Daily Margin Statement are as follows :

1. The Client will ensure availability of the above mentioned e-mail ID at all times.
2. The Client shall update for any change in e-mail ID through a duly executed physical letter.
3. Electronic Contract Notes & Daily Margin Statement will also be available on URL **<https://www.ashikagroup.com>**
4. Clients can view the Electronic Contract Notes & Daily Margin Statement on URL by using the Username & Password.
5. In case of any failure in system or errors the same will be issued in physical form, which shall be binding on the client.
6. Mandate can be revoked at any time with the issuance of Physical Letter.

I/We have executed KYC with you for dealing in Cash, F&O, Commodity and Currency Segment of National Stock Exchange of India Limited (NSE), BSE Limited (BSE), Metropolitan Stock Exchange (MSE), Indian Commodity Exchange Limited (ICEX), National Commodity & Derivatives Exchange Ltd. (NCDEX) and Multi Commodity Exchange of India Ltd. (MCX) as applicable (hereinafter referred as Exchanges).

I / We hereby declare the following:

1. I / We will not carry out any unfair trade practices such as Synchronized deals, Structured deals, Circular Trading.
2. I / We will not place any order on the exchanges, which will reflect as an arrangement for profit or loss transactions. All the orders placed on the exchange will be in the normal market where there are corresponding underlying Shares/Securities/Commodities positions in the Cash, F&O, Commodity Derivatives (Futures & Options) and CDX as applicable segment of the respective Exchange.
3. I / We will not introduce any kind of money acquired illegally in the financial system.
4. I / We will submit the necessary documents / information required under the PMLA and/ or any other statute.
5. I/ We will not indulge in any act which creates false or misleading appearance of trading in the Shares/ Securities/Currency Derivatives/Commodity Derivatives/Futures & Options market;
6. I/ We shall not deal in a security not intended to effect transfer of beneficial ownership but intended to operate only as a device to inflate, depress or cause fluctuations in the price of such security for wrongful gain or avoidance of loss.
7. I/ We will not advance or agree to advance any money to any person thereby inducing any other person to offer to buy any security.
8. I/ We will not pay, offer or agree to pay or offer, directly or indirectly, to any person any money or money's worth for inducing such person for dealing in any security with the object of inflating, depressing, maintaining or causing fluctuation in the price of such security;
9. I/We will not act in such a manner resulting manipulation of the price of a security;
10. I / We will not sell, deal or pledge any of the stolen or counterfeit security in dematerialized form;
11. I/ We will inform the management of Ashika Stock Broking Ltd. (ASBL) of any encouragement by a dealer to trade in Shares/Securities/Contracts/Commodities solely with the object of enhancing brokerage or commission;
12. I/ We will not plant any false or misleading news which may induce sale or purchase of Shares/Securities/ Contracts/ Commodity Derivatives (Futures & Options) .
13. I/We agree to abide by client level position limit and authorize you not to increase my/our open position beyond the stipulated limit, and if inadvertently exceeded, to actually reduce and bring it within acceptable limits. I/We further authorize you to debit my/our ledger for any penalty imposed on you for my/our violation towards position limit.
14. I/We also hereby authorize ASBL with whom both the beneficiary demat account and trading account is operated, to debit the trading account for any charges payable to ASBL as Depository Participant for providing Depository Services. Any such amount debited to my/our account shall be binding on me/us.
15. I/We hereby authorise ASBL to meet the Pay-in / Pay-out obligations arising at Exchanges (as applicable) without transferring the same to my/our Demat Account as and when such inter exchange obligations arise in the Security(ies)/ Contract(s) traded by me/us across Exchanges.
16. I/We undertake that if any claim or dispute arises between us in respect of any transactions, contracts, etc. entered into on my/our account, I/We shall refer it to Arbitration as per the Rules, Bye-Laws and Regulations and conventions of the SEBI and/or exchange(s) which are applicable to me/us.
17. I/We undertake that I/we shall not hold ASBL, its Directors or Officers liable towards my/our acceptance of any lucrative offer of fixed return on investment without the knowledge of the Company and the onus to bring the same to the notice of the Company lies with me/us.
18. It shall be my/our responsibility to check the data provided through SMS Alert Service with the actual Contract Notes/Financial Ledgers given by ASBL. I/We agree to inform you of any changes in the mobile number on which the updates are required.

Client Signature  _____

19. I/We do hereby confirm that levy of Rs 20/- on the physical issuance of the contract note (in addition to ECN) as an extra service is duly acceptable.
20. I/We do hereby confirm that I/we shall not deposit any third party cheque towards meeting my/our obligation for the trades executed by me/us and hence shall not hold ASBL against any such credit.
21. Excess Margins deposited towards one exchange may be adjusted, on a running basis, towards margin requirement/ debit balance in same / other Exchange where I/We have the client account.
22. ASBL can/may pass on me/us any penalty imposed/loss suffered together with incidental expenses due to my/our violating any of the requirements/stipulations of Exchanges or any other regulatory authority including but not limited to my/our disturbing fair price determination in the market or resorting to unfair trade practices.
23. ASBL and its directors, officers, employees, and agents shall not be responsible or liable for any loss suffered or which may be suffered by me/ us, arising from any delay or failure in the transmission, receipt, execution or confirmation of orders due to any breakdown, interruption or failure of transmission of the Internet, computer network, software, hardware, other computer devices, Internet system and any problem arising from my/our side.
24. ASBL and/or its agents will not be liable for losses caused directly or indirectly by government restriction, Exchange or market rulings, suspension of trading, computer, communication, telephone or system failure, war, earthquakes, flood, accident, power failure, equipment or software malfunction, strikes or any other conditions beyond its control.
25. ASBL may restrict my/our trading as per their risk management and/or due diligence policies or any other reason inspite of my/our having paid full margin. I/We will comply to their requirements which may include submission of updated documents, undertaking, financial etc.
26. I/We shall not hold ASBL or any of its employee/official/agent/affiliate responsible or liable for any information, recommendation or advice with respect to any investment/trading decision or transaction, and if so acted upon by me/us, the same shall be at my/our sole risk and cost.

Client Signature  _____

DECLARATION ON OPEN INTEREST POSITION

(Mandatory if client wants to trade in ICEX / MCX / NCDEX & opt for IBT)

To,
Ashika Stock Broking Limited
Trinity, 226/1, A J C Bose Road, Kolkata-700 020

Dear Sir,

Subject : My/Our request for trading in commodity contracts/commodity derivatives on ICEX / MCX / NCDEX of your client

I/We, the undersigned, have taken cognizance of Circular issued by SEBI or ICEX/MCX/NCDEX from time to time and on the guidelines provided by the respective exchange for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by respective exchanges or Securities and Exchange Board of India and such position limits will be calculated in accordance with the circulars of ICEX/MCX/NCDEX as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/ Trusts in which I or any of above such person is a partner/director/karta/ trustee, takes or holds any position in any commodity forward contract/commodity derivative on respective exchanges through you or through any other member(s) of respective exchanges, to enable you to restrict our position limit as prescribed by the above referred circulars of respective exchanges as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity contracts/commodity derivatives for me/us as your clients on respective exchanges only on the basis of our above assurances and undertaking.

Yours faithfully,

For _____

Signature  _____

(In case of Non-Individual client, the same to be signed by the Authorised signatory with Company Seal)

Note :- Futures & Options in commodities will be on the underlying commodity or Index

To
Ashika Stock Broking Ltd. (ASBL)
Trinity, 226/1, A.J.C. Bose Road,
7th Floor, Kolkata-700 020

Date :

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds on my/our behalf without settling the account on settlement of each transaction. I/We further request you to retain funds receivable by me/us until specifically requested by me/us to be settled.
2. I/We understand and agree that no interest will be payable to me/us on the amounts so retained with you.
3. I/We authorize you to set off a part or whole of the margin deposited by me/us against any of my / our dues, by appropriating relevant amount of fund which form part of margin.
4. I/We may revoke the authorization at any time by issuing a physical letter for the effect.
5. I/We also agree that the actual settlement of fund shall be done, at least once in a
Tick your preference (Default is Quarterly Settlement)

90 days <input type="checkbox"/>	30 days <input type="checkbox"/>
----------------------------------	----------------------------------

6. There shall be no inter-client adjustment for the purpose of settlement of the 'running account'.
7. You may retain the requisite funds towards settlements as per the applicable norms as prescribed by SEBI vide up Circular No. SEBI/HO/MIRSD/DOP/P/CIR/2021/577 dated 16th June, 2021 applicable from 1st August, 2021 or any amendments made thereafter.
8. I / We shall bring any dispute on the "Statement of Running Account" to your notice within 30 working days from the date of receipt of the same.

Client Signature  _____



To

Date :

Ashika Stock Broking LimitedTrinity, 226/1, A. J. C. Bose Road, 7th Floor, Kolkata- 700020

Dear Sir,

I/We understand that the Member accepts deposit of funds and Securities/Commodities (by way of pledge) towards "Margin" for the purpose of allowing additional exposure/turnover and this document has been signed by me/us voluntarily without any coercion or force.

In respect of the above margins, I/We also undertake and agree to the following:

1. I /We shall pay initial margin as specified by Exchanges before placing any order. Ashika Stock Broking Ltd. (ASBL) will have all the rights not to execute the order if I/We fail to place the required initial margin with them.
2. That the above margins are subject to the first and paramount lien for any sum due to ASBL by me/us for the due fulfillment of my/our engagements, obligations and liabilities arising out of or relating or incidental to any bargains, dealings, transactions and contract made through or with you.
3. That ASBL has a clear and undisputed right to dispose of the margin in terms of securities/commodities (by way of revocation of pledge) and adjust the proceeds or the cash margin provided towards overdue balances in my/our account, at my risk and cost, without any need for clearance or reference to me/us whatsoever after giving reasonable opportunity.
4. I/We shall when called upon to do so, provide additional margin money to ASBL as required by them or Stock Exchange in respect of positions taken by me/us.
5. The margin as required shall be in equal proportion of that of securities & funds . ASBL shall have the final authority to execute trades in case of non maintenance of the prescribed proportion.

Your Sincerely,

Client Signature  _____**DO's and DON'Ts****Do's and Don'ts which are relevant for operation of Trading /
Demat account with Ashika Stock Broking Ltd.:****DO's**

• Issue cheque(s) towards margin / pay-in obligation of funds only in the name of "Ashika Stock Broking Ltd.". •Transfer securities against Pay-in obligations only in designated Demat Accounts of Ashika Stock Broking Ltd. •Any receivables from ASBL on account Pay-out shall be from Bank / Demat Account from ASBL only and not from Authorised Person /Advisor. •Ensure that no separate fees, charges, commissions or any consideration is paid to Authorised Person / Advisor; other than what is payable to ASBL. •Make payments of bills/ dues in time to avoid delayed payment burden or Risk Management actions. •Check ledger, derivative position, demat statement and your account details at regular intervals. •Ensure that all your trades and Investments are executed under your instructions. Ensure that the digital contracts notes sent to your email are in concurrence with the said orders. •Any change / modifications in your contact details should be immediately updated with ASBL. •Ensure to read all the tariff / brokerage applicable to you, before placing your orders with ASBL.

DON'TS

• Do not give any discretionary rights to your Advisor / Relationship Manager / Authorized Person to trade in your account. •As there are no fixed or guaranteed returns on investments in securities market, do not rely on any such commitments if any given by Authorised Person /Advisor. •Never handover blank or signed Demat Slips Book to anyone, it is akin to signing a blank cheque. •Do not give cash / securities to your Advisor / Relationship Manager / Authorized Person for any transaction •Never give a third party cheque for funds pay-in or shares for shares pay-in. • Do not enter into any personal agreement with Authorised Person / Advisor in connection with your transaction in trading / demat account opened with ASBL.

(Above Do's and Don'ts are in addition to Guidance Note prescribed by SEBI)

Client Signature  _____

QUESTIONNAIRE TOWARDS RISK PROFILING OF CLIENTS

IDENTIFYING YOUR INVESTMENT RISK (From Investment Trading Perspective)

1 Familiarity with the Investment (Tick the applicable)

☐ Not familiar at all ☐ Somewhat familiar ☐ Fairly familiar ☐ Very familiar

2 Investment Longevity (Tick the applicable)

☐ Less than 1 year ☐ Within 1-3 years ☐ Within 3-5 years ☐ More than 5 years

3 Approximate percentage of your currently held asset in investment products (Tick the applicable)

☐ Above 75% ☐ Between 50% to 75% ☐ Between 10% to 25% ☐ Less than 10%

4 Your experience in Stock Market (Tick the applicable)

☐ Highly Experienced ☐ Very Experienced ☐ No Experienced

5 Legal Actions (Tick the applicable)

☐ Yes Rs. _____ (Amount involved) ☐ No

6 Quantum of bearable loss (Tick the applicable)

☐ Minimal amount of Capital loss ☐ Moderate Capital Loss ☐ High Capital Loss

7 Source of deployment of funds, whether borrowed (Tick the applicable)

☐ Yes Name of the lender: _____ and amount borrowed Rs. _____ ☐ No

ADDITIONAL INFORMATION

1 Details of the family member / group Companies being the promoter of the listed Company (Tick the applicable)

☐ Yes Name of the listed Company _____ ☐ No

2 Details of the family member / group Companies registered with SEBI (Tick the applicable)

☐ Yes Mention details _____ ☐ No

3 Details of the family members / relatives having trading account with ASBL (Tick the applicable)

☐ Yes Client Code _____ Name _____ ☐ No

4 Annual Income Bracket of the Customer (Tick the applicable)

☐ = < ₹10 lacs ☐ ₹10 to ₹50 lacs ☐ ₹50 to ₹1 Crore ☐ ₹1Crore and above

5 Residential Status (Tick the applicable)

☐ NRI ☐ Indian Resident

6 Purpose of Investment (Tick the applicable)

☐ Wealth Creation ☐ Retirement Corpus ☐ Succession Plan Corpus

7 Customer Occupation (Tick the applicable)

☐ Business ☐ Service ☐ Professional

8 Risk Appetite (Tick the applicable)

☐ Low ☐ Medium ☐ High ☐ Very High

9 Preferable Asset Class (Tick the applicable)

☐ Equity ☐ Debt ☐ Hybrid ☐ Real Estate ☐ Rent yielding property ☐ Alternative Investment Funds

Additional Comments (to be filled by Client)

(Please write down any additional comments you may have relevant to determining your Risk Profile)

Client Signature 



To
Ashika Stock Broking Ltd.
TRINITY, 7th Floor
226/1, AJC Bose Road, Kolkata - 700020

Sub :- Internet Trading

I/We wish to trade through internet in various segments as opted by me/us and confirm that I am / we are fully aware of and understands the risk associated with availing of a service of routing orders through internet including the risk of misuse and unauthorized use of my/our Username and/or Password by a third party and the risk of a person hacking into our account on your ITORS system and unauthorized routing order on behalf of us through the system. I/we agree that we shall be fully liable and responsible for any and all unauthorized use and misuse of my/our Password and /or Username and also for any and all acts done by any person through your ITORS system on our Username in any manner whatsoever. I/We shall not held ASBL or any of its employees liable for non execution of trades due to failure of networking or for any other reason thereof.

I/We hereby confirm you to send our Username and Password on the below mentioned e-mail address.

Email Address : _____

The non-receipt of bounced email notification by you shall not be construed as a ground for dispute in the future.

Thanks and best regards,

Applicant's Name			
Applicant's Address			
Applicant's Signature			
Mobile No.		Telephone No.	
Place		Date	

**CONSENT FOR BOTH ONLINE-OFFLINE TRADING****NON-MANDATORY**

To
Ashika Stock Broking Ltd.
TRINITY, 7th Floor
226/1, AJC Bose Road
Kolkata - 700020

Dear Sir,

1. With reference to my/our trading account opened with you, I/We request you to kindly allow me/us to trade on both online and offline mode.
2. I/We can trade online on internet as well as mobile device and can trade offline on the dealer's terminal of my/our Authorized Person/Trading Member terminal.
3. I/We completely understand that I/We shall be solely responsible for the rewards, risks or liabilities arising out of my/our trades that I/we place either on the online/offline mode as described above.
4. I/We may revoke the authorization at any time by issuing a physical letter for the effect.

Thanking You,

Yours truly,



Signature of the client

Name:

Client Code:

- **The Background**

The Prevention of Money-Laundering Act, 2002 (as amended) was notified on July 1, 2005. Subsequent to this, the Securities and Exchange Board of India (SEBI) has, on 18th January 2006, required market intermediaries to adopt a policy framework with respect to anti-money laundering measures to be followed by the intermediaries. Ashika Stock Broking Limited (ASBL) is inter alia, a stock broker and a depository participant needs to adhere to the same.

- **The Objective**

- (a) Money laundering has now become one of the major concerns of international financial community. Money Laundering is not just an attempt to disguise money derived from illegal activities. Rather, money laundering is involvement in any transaction or series of transactions that seek to conceal or disguise the nature or source of proceeds derived from illegal activities, including drug trafficking, terrorism, organized crime, fraud and many other crimes.
- (b) Know Your Customer (KYC) is the guiding principle behind the Anti-Money Laundering (AML) measures. It incorporates the “ Know Your Customer “ Standards & “ Anti Money Laundering “ Measures, hereinafter to be referred as “ KYC Standards “ and “ AML Measures “. The objective of is to “ have in place adequate policies, practices and procedures that promote high ethical and professional standards and prevent Ashika Stock Broking Limited from being used, intentionally or unintentionally, by criminal elements
- (c) KYC Standards and AML Measures would enable Ashika Stock Broking Limited to know/ understand its customers, the beneficial owners in case of non-individual entities, the principals behind customers who are acting as agents and their financial dealings better which in turn will help the Company to manage its risks prudently.

- **Mandate issued by SEBI**

SEBI has mandated that KYC policy should be designed to combat Money Laundering which covers Customer acceptance policy and customer due diligence measures, including requirements for proper identification of the customers. In view thereof, Ashika Stock Broking Limited has framed comprehensive KYC and AML policy.

- (a) No account should be opened in anonymous or fictitious/benami name(s) i.e. to say that anonymous or fictitious/benami customers shall not be accepted.
- (b) No account should be opened or transactions conducted in the name of or on behalf of banned/suspended individuals, organisations, entities, etc. For the purpose, necessary cross checks must be made to ensure that the identity of a customer does not match with any person with known criminal background or with banned/ suspended entities. In case of requirement, clarification would be sought from the prospective / registered client.
- (c) No account should be opened if appropriate due diligence measures cannot be applied to a customer for want of verifiable documents on account of non co-operation of the customer or non-reliability of the data/information furnished to ASBL.

- **Customer Identification procedure**

Customer identification for each customer, whether existing, new, regular or occasional is an essential element of an effective customer due diligence programme.

The same includes “profiling of Customer “, and solicitation of their “Identification “, “Signature”, “Address “ and “income” documentation.

Clients need to provide documents as required in the account opening document and required under SEBI and PMLA regulations.

Clients need to also provide details of their Income/Net worth in order to ascertain their financial profile.

Clients are expected to update the same frequently and at least on annual basis.

DECLARATION FORM BY PARTNERS FOR PARTNERSHIP FIRM (For DEMAT A/c)**FORMAT**

(To be obtained on Pre-Printed Letter Head of the Firm)

To,
ASHIKA STOCK BROKING LTD.
'Trinity', 226/1, A.J.C. Bose Road
7th Floor, Kolkata - 700020

1. I / We have submitted an application for opening a joint account in the name(s) of _____, _____ and _____ for opening a Beneficial Owner [BO] account in the category "INDIVIDUAL" for holding and carrying out transactions in respect of securities belonging to our firm, as per the clarification issued by the Department of Company Affairs vide its Circular No. 5/75 (8/18/75-CL-V) dated March 31, 1975, Partnership Firm is not capable of being a member within the meaning of Section 41 of the Companies Act, 1956 / relevant section of Companies Act, 2013.
2. We represent the firm.
3. In consideration of you having agreed to accept the Permanent Account Number [PAN] issued by the Income Tax Department [ITD] to the firm along with our individual identity documents, we acknowledge and undertake as under :-
 - a) the acceptance of the PAN number of our firm does not amount to you having taken notice of trust or recognize our firm
 - b) we shall continue to be responsible for complying with the relevant provisions of the Companies Act, 1956/2013 and the Rules made thereunder and other applicable Laws, failing which we shall be responsible for the consequences thereof

Yours faithfully,

Signature	Signature	Signature
Partner's Name	Partner's Name	Partner's Name

DECLARATION TO BE GIVEN BY PARTNERSHIP FIRM (For Trading A/c)**FORMAT**

(To be obtained on Pre-Printed Letter Head of the Firm)

To
Ashika Stock Broking Limited
Head Office :Trinity, 226/1, A.J.C. Bose Road
7th Floor, Kolkata-700 020

Dated :

Dear Sir,

We refer to the trading account opened with you in the name of and declare and authorize you as under:

We recognize that a beneficiary account can not be opened with a Depository Participant in the name of the partnership firm as per regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer obligations, pursuant to the trading operations, we authorize you to recognize the beneficiary account No. With Depository: having DP ID opened as a joint account in the names of the partners of the firm.

We agree that the obligations for shares purchased and/or sold by the firm will be handled and completed through transfers to/from the above-mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Signature	Signature	Signature
Partner's Name	Partner's Name	Partner's Name

Instructions : Should be signed by all partners of the firm.

In case of Partnership / LLP Accounts
AUTHORITY LETTER IN FAVOUR OF MANAGING PARTNER/(S)

FORMAT

(To be obtained on Pre-Printed Letter Head of the Firm)

We the partners of M/s, a partnership firm, having its office at (office address) City State hereby authorize Mr./Ms. and Mr./Ms. to open a securities trading account in Capital Market Segment, F&O Segment, Currency Derivative Segment, Commodity Derivative Segment and Debt Market segment on behalf of the firm M/s with the Trading Member M/s Ashika Stock Broking Ltd. for sale and purchase of shares/debentures/derivative instruments in Capital Market Segment (CM) and/or Futures and Options Segment (F&O) and/or Currency Derivatives Segment (CDX) and/or Commodity Derivatives Segment (CO) or any other segment that may be introduced by NSE/BSE/MSE/ICEX/MCX/NCDEX in future. He/She/They is/are singly/jointly authorized on behalf of the firm to deal in equities, derivatives, commodities, debentures, debt products and the said Trading Member is hereby authorized to honor all instructions oral or written, given on behalf of the firm by him/her/them.

Mr./Ms. and Mr./Ms. is/are authorized to sell, purchase, transfer, endorse, negotiate documents and /or/ otherwise deal through Ashika Stock Broking Ltd. on behalf of the firm M/s. He/She/They is/are 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.

However any partner/authorized signatory(ies) can issue cheques from bank account(s) in favor of Ashika Stock Broking Ltd. for credit to share trading account of the firm with M/s Ashika Stock Broking Ltd., even though his/their signatures may not be available on the records of Ashika Stock Broking Ltd.

Note : Please affix rubber stamp of the firm for each signature

Signature	Signature	Signature
Partner's Name	Partner's Name	Partner's Name

RESOLUTION IN CASE OF LLP (for Demat A/c)

FORMAT

(To be obtained on Pre-printed Letter Head of the LLP)

We the partners of M/s (Name of LLP) a partnership firm, having its office hereby authorize the partner Mr. or Mr. to open a Demat account with Ashika Stock Broking Ltd. Depository Participant of Central Depository Services (I) Ltd., on behalf of the firm Ms/ (Name of LLP) and to complete all account opening formalities, issue receipt/delivery instructions, Demat/Remat requests, cancellation of the aforesaid and all other acts as may be necessary for operations of the account and a copy of the said resolution to be delivered to "M/s Ashika Stock Broking Limited for their reference and record."

RESOLVED FURTHER THAT Mr. Or Mr., designated partners are authorized to transfer, endorse, negotiate documents and/or otherwise deal with Ashika Stock Broking Limited on behalf of the firm M/s (name of LLP). They are also singly/Jointly 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.

However any partner/authorized signatories can issue cheques from bank account in favor of Ashika Stock Broking Limited for credit to share trading account of the firm with M/s Ashika Stock Broking Limited, even though their signatures may not be available on the records of Ashika Stock Broking Ltd. These cheques may either be from the account of partnership firm or from individual account the said amount so given shall be solely / exclusively for the account of the firm maintained with Ashika Stock Broking Limited.

For (Name of LLP)

Signature with Seal	Signature with Seal	Signature with Seal
Name of Partner / Authorised Signatory	Name of Partner / Authorised Signatory	Name of Partner / Authorised Signatory

BOARD RESOLUTION IN CASE OF CORPORATE / REGISTERED TRUST (For Demat A/c)**FORMAT**

To be typed on company's letter head and signed by majority of directors of the company.

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF BOARD OF DIRECTORS OF _____ (Company Name)
HAVING ITS REGISTERED OFFICE AT _____ (Company Address) HELD ON _____ (Meeting Date).
"Resolved that a **(CDSL / NSDL)** depository account of the company be opened in the name and style of _____ (name of the account) with M/s. Ashika Stock Broking Limited [DPID : **(NSDL) IN303591 / (CDSL) 12034500**] and Mr./Mrs. _____ and Mr./Mrs. _____ **Director(s) / Authorized Signatory(ies)** are hereby **singly/jointly** authorized to complete all account opening formalities, issue receipt/delivery instructions, Demat/Remat requests, inter-settlement transfers, account closures/shifting/freeze/defreeze requests, pledge/hypothecation instructions, cancellation of the aforesaid and all other action as may be necessary for operations of the account and a copy of the said resolution to be delivered to "M/s. Ashika Stock Broking Limited" for their reference and record."

For, (Company Name)

Chairman/Company Secretary

Signature	Signature	Signature
Name of the Directors / Trustees	Name of the Directors / Trustees	Name of the Directors / Trustees

Note : Please carefully use the **BOLD** matter

BOARD RESOLUTION IN CASE OF CORPORATE / TRUST (For Trading A/c)**FORMAT**

(To be obtained on Pre-Printed Letter Head of the Company)

Extracts of the Minutes of the Meeting of the Board of Directors of «COMPANY/TRUST NAME» at its Registered Office at _____ on _____.

"RESOLVED THAT the company/trust may invest / trade in Securities / Derivatives Market / Commodities / Currency and be registered as CLIENT with Ashika Stock Broking Ltd., a Member of NSE, BSE, MSE, ICEX, NCDEX & MCX for the purpose of dealing/trading in equities, equity derivatives, currency derivatives, debentures, Commodity derivatives, debt products in NSE / BSE / MSE / ICEX / MCX / NCDEX and the said member be and is hereby authorized to honor all instructions oral or written, given on behalf of the Company by any one of the under-noted authorized signatories:-

1. «Name of the authorised signatory» - «Designation»
2. «Name of the authorised signatory» - «Designation»

who are authorized to sell, purchase, transfer, endorse, negotiate and/or otherwise deal with Ashika Stock Broking Ltd. on behalf of the Company/Trust.

RESOLVED FURTHER THAT «Authorised Signatory(ies), Designation» of the Company/Trust be and are hereby, **singly/jointly** 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 give effect to this resolution.

RESOLVED FURTHER THAT «Authorised Signatory» is hereby authorized to submit the above resolution to Ashika Stock Broking Ltd.

Chairman/Company Secretary

Specimen Signatures of the above noted Authorised Signatory(ies)

Signature with Seal	Signature with Seal	Signature with Seal
Name of the Director / Trustees	Name of the Director / Trustees	Name of the Director / Trustees

Please Note: Attach list of Directors/Trustees' as on date

AUTHORITY-CUM-DECLARATION IN CASE OF HUF AND JOINT FAMILY

FORMAT

(To be obtained on Pre-Printed Letter Head of the HUF)

To
ASHIKA STOCK BROKING LIMITED
'TRINITY', 226/1, A.J.C. Bose Road,
7th Floor, Kolkata - 700020

Date: _____

As our HUF wishes to open a Trading and / or Demat account with your company in the name of _____

we hereby state that the first signatory to this letter, i.e. _____
is the Karta of the joint family and other signatories are adult coparceners of the said family.

We hereby authorize the said Karta to open a Trading and / or Beneficiary Demat Account with Ashika Stock Broking Limited in the name and on behalf of the HUF. He is further authorized to sign, execute and submit such applications, undertakings and other requisite documents, writings and deeds as may be deemed necessary to expedient to open such account and give effect to this purpose. Ashika Stock Broking Limited is hereby authorized to honor all instructions oral or written, given on behalf of HUF by the said Karta.

We further confirm that the business of the said Joint family is carried on mainly by the said Karta in the interest and benefit of the entire body of coparceners and members of the joint family. We all undertake that claims due to Ashika Stock Broking Limited, from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the share of minor coparceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act, 1932, we have not got our said Family registered under the said Act. We hereby undertake to inform Ashika Stock Broking Limited of the death or birth of any coparcener or any change occurring at any time in the membership of our Joint Family during the currency of the account.

List of current members of the said HUF is as under noted,

Sr.#	Name	Gender	Date of Birth	Designation & relation with Karta (Self, Spouse, Son, Daughter, Parent) 1. Karta 2. Coparcener 3. Adult Member 4. Minor Member	PAN Compulsory for Karta Coparceners & Adult Members For Minor member(s) mention their respective Date of Birth	Politically Exposed Person (PEP) / Non-PEP	Signature Compulsory for Karta, Coparceners & Adult Members For Minor members mention NA
1						<input type="checkbox"/> PEP <input type="checkbox"/> Non-PEP	
2						<input type="checkbox"/> PEP <input type="checkbox"/> Non-PEP	
3						<input type="checkbox"/> PEP <input type="checkbox"/> Non-PEP	
4						<input type="checkbox"/> PEP <input type="checkbox"/> Non-PEP	
5						<input type="checkbox"/> PEP <input type="checkbox"/> Non-PEP	



Stamped and signed by Karta of the said HUF

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

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

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

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

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

<p>CORPORATE</p> <ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years or for the relevant applicable period (to be submitted every year). Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. Copies of the Memorandum and Articles of Association and certificate of incorporation. Copy of the Board Resolution for investment in securities market. Authorised signatories list with specimen signatures <p>PARTNERSHIP FIRM</p> <ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years or as applicable (to be submitted every year). Certificate of registration (for registered partnership firms only). Copy of partnership deed. Authorised signatories list with specimen signatures. Photograph, POI, POA, PAN of Partners. <p>TRUST</p> <ul style="list-style-type: none"> Copy of the balance sheets for the last 2 financial years or as applicable (to be submitted every year). Certificate of registration (for registered trust only). Copy of Trust deed. List of trustees certified by managing trustees/CA. Photograph, POI, POA, PAN of Trustees. 	<p>HUF</p> <ul style="list-style-type: none"> PAN of HUF. Deed of declaration of HUF/ List of coparceners. Bank pass-book/bank statement in the name of HUF. Photograph, POI, POA, PAN of Karta. <p>UNINCORPORATED ASSOCIATION OR A BODY OF INDIVIDUAL</p> <ul style="list-style-type: none"> Proof of Existence / Constitution document Resolution of the managing body & Power of Attorney granted to transact business on its behalf. Authorised signatories list with specimen signatures. <p>BANK / INSTITUTIONAL INVESTORS</p> <ul style="list-style-type: none"> Copy of the constitution / registration or annual report / balance sheet for last 2 Financial years Authorised signatories list specimen signatures <p>FOREIGN INSTITUTIONAL INVESTORS (FII)</p> <ul style="list-style-type: none"> Copy of SEBI registration certificate Authorised signatories list with specimen signatures <p>ARMY/GOVERNMENT BODIES</p> <ul style="list-style-type: none"> Self-certification on letterhead. Authorized signatories list with specimen signatures. <p>REGISTERED SOCIETY</p> <ul style="list-style-type: none"> Copy of Registration Certificate under Societies Registration Act. List of Managing Committee members. Committee resolution for persons authorised to act as authorised signatories with specimen signatures. True copy of Society Rules and Bye Laws certified by the Chairman / Secretary.
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Not applicable for CKYC