

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

Important Instructions:

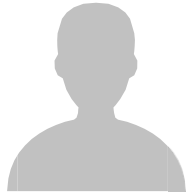
- A) Fields marked with "*" are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines/ instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available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

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number (Mandatory for KY updater request)
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ mail

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

Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)			
Maiden Name (If any*)			
Father/Spouse Name*			
Mother Name*			
Date of Birth*			
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		
Residential Status*	<input type="checkbox"/> Resident Individual		
Occupation Type*	<input type="checkbox"/> S- Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O- Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B- Business <input type="checkbox"/> X- Not Categorized		

PHOTO



Signature / Thumb Impression

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

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

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

3. PROOF OF ADDRESS (PoA)*

☐ 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

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

Address

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

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

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

Line 1* _____
Line 2 _____
Line 3 _____ City/Town/Village* _____
District* _____ Pin/Post Code* _____ State/U.T Code* _____ ISO3166CountryCode* _____

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

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

☐ 5.DETAILS OF RELATED PERSON(Incase of additional related persons, please fill 'Annexure B1')(please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*) _____

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Prefix _____ First Name _____ Middle Name _____ Last Name _____

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

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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ae

Date : _____ Place: _____



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Self Certified Copies

Date _____ PI _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name Vishwas Fincap Services Private Limited

[Institution Stamp]

[Employee Signature]

ADDITIONAL DETAILS FOR TRADING ACCOUNT (FOR INDIVIDUALS)

A. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current		
			<input type="checkbox"/> Saving <input type="checkbox"/> Current		

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

B. DEPOSITORY ACCOUNT(S) DETAILS (THROUGH WHICH TRANSACTIONS SHALL GENERALLY BE ROUTED)

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
Vishwas Fincap Services Pvt. Ltd.	<input type="checkbox"/> NSDL <input checked="" type="checkbox"/> CDSL		1 2 0 7 4 2 0 0	
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

Provide a copy of either Demat Client Master or a recent holding statement issued by DP bearing name of the client.

C. TRADING PREFERENCES

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

Market Segment/s

<input type="checkbox"/> NSE <input type="checkbox"/> Cash		<input type="checkbox"/> NSE <input type="checkbox"/> F&O		<input type="checkbox"/> NSE <input type="checkbox"/> CDS		<input type="checkbox"/> NSE <input type="checkbox"/> Commodity	
<input type="checkbox"/> BSE <input type="checkbox"/> Cash		<input type="checkbox"/> BSE <input type="checkbox"/> F&O		<input type="checkbox"/> BSE <input type="checkbox"/> CDS		<input type="checkbox"/> BSE <input type="checkbox"/> Commodity	
<input type="checkbox"/> MCX							

D. FINANCIAL & OCCUPATION DETAILS

Gross Annual Income Details: Income Range per annum :

☐ Below Rs.1Lac
 ☐ Rs.1Lac to 5Lac
 ☐ Rs.5Lac to 10Lac
 ☐ Rs.10Lac to 25Lac
 ☐ Rs.25Lac to 1Crore
 ☐ >1Crore

Net Worth (Net worth should not be older than 1 year) Amount Rs.
 as on (date) (Compulsory for Non-Individuals)

Occupation (please tick any one and give brief details)

☐ Private Sector
 ☐ Public Sector
 ☐ Government Service
 ☐ Business
 ☐ Professional/Agriculturist
☐ Retired
 ☐ Housewife
 ☐ Student
 ☐ Others _____

Please tick, if applicable (Note: In case of Non-individuals please tick, if applicable for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors) :

☐ Politically Exposed Person (PEP)
 ☐ Related to Politically Exposed Person (PEP)

Any other information _____

Family Code Group (if any) _____

CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS

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

For more information please visit to website of SEBI and Exchange.

Client Name	
Trading Code	
PAN No.	

Please select exchange:

☐ **NSE Commodity**
☐ **BSE Commodity**
☐ **MCX Commodity**

Please select categories and product type :

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

DECLARATION

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

Client Name	
Client Signature	

Enclosure: ☐ **Copy of PAN Card**

E. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

F. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

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

Sub-broker's Name					
SEBI Registration number					
Registered office address					
Phone		Fax		Website	

Whether dealing with any other stock broker/sub-broker (in case dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of stock broker			
Name of Sub-Broker, if any:			
Client Code		Exchange	

Details of disputes/dues pending from/to such stock broker/sub- broker :

G. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) : ☐ **YES** ☐ **NO**

Specify your Email id, if applicable

Whether you wish to avail of the facility of internet trading/wireless technology (please specify): ☐ **YES** ☐ **NO**

Number of years of Investment/Trading Experience :

H. INTRODUCER DETAILS (optional)

Name of the introducer					
Status of the Introducer	Sub Broker <input type="checkbox"/>	Remisier <input type="checkbox"/>	Auth. Person <input type="checkbox"/>	Existing Client <input type="checkbox"/>	Others <input type="checkbox"/>
Address and Ph.No. of the Introducer					
Sign. of the Introducer					

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.

Place _____

Date _____

Client Signature  _____

FOR OFFICE USE ONLY

UCC Code allotted to the Client			
	Document verified with Originals	Client Interviewed By	In-Person Verification Done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

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

Signature of the Authorized Signatory _____

Date _____


Seal/Stamp of the Stock Broker

DETAILS FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)

IDENTITY DETAILS			
Application No.		Date	
DP Internal Reference No.			
DP ID	12074200	ClientID	
HOLDERS DETAILS			
Sole/First Holder's Name		PAN	
		UID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	
Name*			
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.			
TYPE OF ACCOUNT (Please tick whichever is applicable)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF/AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (Mantra)	<input type="checkbox"/> Others (Specify)	
DETAILS OF GUARDIAN (in case the account holder is minor)			
Guardian's Name		PAN	
Relationship with the applicant			
I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (if not marked, the default option would be 'No')		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Statement Requirement	As per SEBI Regulation <input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	
I/We request you to send Electronic Transaction-cum-Holding Statement at the email id _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We would like to receive the Annual Report		Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic <input type="checkbox"/>	
(Tick the applicable box. If not marked the default option would be in Physical)			
Do you wish to receive dividend/interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
[ECS is mandatory for locations notified by SEBI from time to time]			

BANK DETAILS (Dividend Bank Details)			
Bank Code(9digitMICR Code)			
IFSCCode(11 Character)			
Account Number			
Account Type	Saving <input type="checkbox"/>	Current <input type="checkbox"/>	Others (specify) <input type="checkbox"/>
Bank Name			
Branch Name			
BankBranch Address			
	City	State	Country
PIN			
1. Photocopyofthecancelledchequehavingthenameoftheaccountholderwherethechequebookisissued,(or) 2. Photocopy ofthe Bank Statement having nameand address ofthe BO. 3. Photocopy ofthe Passbook having name and address ofthe BO, (or) 4. Letter from theBank. Incaseofoption(ii),(iii)and(iv)above,MICRCodeofthebranchshouldbepresent/ mentionedonthe document.			
SMS Alert Facility Refer to Terms & Conditions given as Annexure2.4	MOBILE No.: +91-.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
	[Mandatory, ifyou aregiving Powerof Attorney(POA)](if POAisnotgranted& you do not wish to avail of this facility, cancel thisoption).		
Transaction Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	Iwish toavail the TRUST facilityusing the Mobilenumber registered forSMS Alert Facility. Ihaveread and understoodtheTerms andConditions prescribed byCDSL forthesame. <input type="checkbox"/> Yes <input type="checkbox"/> No I/WeishtoregisterthefollowingclearingmemberIDsundermy/ourbelow mentioned BO ID registered for TRUST		
	Stock Exchange Name/ID	ClearingMember Name	Clearing Member ID (Optional)
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allowsaBO to view hisISINbalances, transactionsand valueoftheportfolio online.		

I/Wehave received andreadtheRights andObligations document andterms &conditions andagreetoabide byand bebound by the same and by the Bye Law as are in force from time to time .I/We declare that the particulars given by me/us above aretrue andto thebestofmy/ourknowledge asonthe dateofmaking this application. I/We agree and undertake tointimate the DPany change(s) in the details/Particulars mentioned by me / us in this form. I/We further agree that any false/misleading information given by me /us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole HolderorGuardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in Black ink)

SHEET

CAPITAL MARKET SEGMENT			
Brokerage Slab	Slab in %		Minimum per Share
Delivery Based			
Square Off			
F&O SEGMENT			
Brokerage Slab	Slab in %	Delivery	Minimum per Lot
Future			
Options			

CURRENCY DERIVATIVES SEGMENT		
Brokerage	Slab in %	Minimum Brokerage per Lot

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

B. OTHER CHARGES								
Particular	Capital Market Segment		Derivative Segment		Currency Derivative Segment		Commodity Segment	
Charges	Delivery	Jobbing	Futures	Option	Futures	Option	Futures	Option
Stamp Duty & Other charges	0.02250%	0.00425%	0.004%	0.004%	0.0032%	0.0062%	0.0032%	0.0062%
Transaction Charges	Will be charged as per current applicable rate including any revisions in concern segments with respective exchanges.							
GST	As per the provision of Central Goods & Service Tax Act, 2017 and as amended from time to time							
STT	As per the provisions of STT Act and as amended from time to time							
CTT	As per the provisions of CTT Act and as amended from time to time							
Other Taxes	As may be applicable from time to time.							

NOTE :

- Charges/service standards are subject to revision at sole discretion of Vishwas Fincap Services Pvt Ltd.
- Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- Transaction & clearing charges, Stamp duty, GST, SEBI Fee, STT, CTT, and all legal levies as may be applicable from time to time shall be charged separately in addition to the brokerage.
- In case Diet ID has been provided to the client an ID Charge @ _____ % of turnover or Rs. _____ /- per month per segment shall be charged extra.
- Interest @ 21% shall be levied in delay payments in the account calculated on daily basis..
- Minimum processing fees of Rs. 20/- will be charged for each day of trade.

I/We, _____
 have read the above given information and agree to pay the charges / levies mentioned above.



LETTER FOR NSE MFSS / BSE STAR MF

From _____

To,
Vishwas Finance Pvt.Ltd.Regd.Office:WZ310, Nangal
Raya. Jail Road, Delhi Cantt, New Delhi-110046

Dated _____

Dear Sir,

Sub:Mutual Fund Service System (MFSS) facility of NSE/BSE STAR MF

I/We am/are registered as your client with Client Code as mentioned below for the purpose of trading in the Capital Market Segment.

I/We am/are interested in availing the facility of the following Exchange for the purpose of dealing in the units of Mutual funds Scheme permitted to be dealt with.

NSE MFSS ☐ BSE STAR MF ☐

For the purpose of availing the facility, I/We state that Know Your Client details as submitted by me/us for these securities broking may be considered for this purpose and I/We further confirm that the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mentioned in the Circular dated November 24, 2009 and as may be specified by the Exchange from time to time in this regard.

I/We shall also ensure compliance with the requirements as may be specified from time to time by the Securities and Exchange Board of India and/or Association of Mutual Funds of India (AMFI).

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

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

Terms and Conditions

1. The client shall be bound by circulars issued by NSEIL/ BSE, Rules, Regulations and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
2. The client shall notify the Participant in writing if there is any change in the information in the 'client registration form' provided by the client to the Participant at the time registering as a client for participating in the New MFSS/ BSE STAR MF or at any time thereafter.
3. The client shall submit to the Participant a completed application for in the manner prescribed format for the purpose of placing a subscription order with the Participant.
4. The client has read and understood the risks involved in investing in Mutual Fund Schemes.
5. The client shall be wholly responsible for all his investment decisions and instruction.
6. The client shall ensure continuous compliance with the requirements of the NSEIL, BSE, SEBI and AMFI.
7. The Client shall pay to the Participant fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant renders to the Client.
8. The client will furnish information to the Participant in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
9. In the event of non-performance of the obligation by the Participant, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL/BSE or NSCCL/ICCL.
10. In case of any dispute between the Participants and the investors arising out of this facility, NSEIL/BSE and / or NSCCL/ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

Thanking You.

Yours faithfully

Signature: _____



Client Code: _____

Note: Signature required in case opted for NSE MFSS or BSE STAR MF on Trading Account details page

LETTER OF AUTHORIZATION

To,

Dated _____

Vi shwasFi ncap Servi ces Pvt.Ltd.Regd.Office:WZ310, Nangal

Raya.Jail Road,Delhi Cantt, New Delhi -110046

Sub : Letter of Authority - NSE / BSE

I/We am/are dealing in shares/securities/commodities with you at NSE/BSE in various segments and in order to facilitate ease of operations.

We authorize you as under :

1. Delivery of order/trade confirmation/cancellation:

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmations slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

2. Telephonic Conversation:

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

3. Adjustment of balance in Family Accounts:

Sl. No.	Client Code of Family Members/Associates	Name of Family Members /Associates	Category	Name of Father / Spouse

I/We authorize you to adjust the credit balance available in my account of any segment, against any settlement obligation/ margin obligation/ debit balance of any other segment outstanding in my or any of the account of above mentioned family members or any other party or company with whom/in which I'm interested as the director (Name given below). I further understand that the above adjustment shall not be valid for monthly/ quarterly settlement of accounts.

.....
.....
.....

4. Set off of outstanding:

I/We authorize you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange and/or against the value of cash margin or collateral shares provided to you by me/us. I further authorize you to debit the financial charges @21% per annum of the outstanding debit balance, if any, in my account and not settled as per the exchange requirement.

5. Fines & Penalties:

All fines/ penalties and charges levied up on you due to my acts/deeds or transactions may be recovered by you from my account.

Signature: _____



6. Charges & Balance Maintenance:

I/We have a Trading As well as depository relationship with Vishwas Fincap Services Pvt. Ltd. Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account /pay adequate advance fee for the said reason.

7. Authority for intimation

I/we shall authorize you to send SMS and email to registered email/mobile no. in respect of my Trading and Demat account.

8. Facsimile Authorization

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

9. Pro Trading Intimation:

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

10. I/We have been explained that I/We may not opt to give any of the above authorization and that the above authorizations are voluntary on my/our part and that I/We can revoke this authorization at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

For and On Behalf of Constituent

Thanking you, Yours
 faithfully

Signature: 

Name: _____

Date: _____

To,

Vishwas Fincap Services Pvt. Ltd.

Regd. Office: WZ-310, Nangal Raya, Jail Road, Delhi Cantt, New Delhi-110046


Dear Sir,

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

- Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/ wireless technology based trading);
- Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories;
- Uniform Risk Disclosure Documents (for all segments/exchanges); and
- Guidance Note detailing Do's and Don'ts for trading on stock exchanges.
- Policies and Procedures as per SEBI Circular No. MIRSD/SE/CIR-19/2009 dated 03rd December, 2009

Accordingly, I wish to receive the above said documents in the below mentioned manner:

☐ Electronically ☐ Physically

Signature: 

Client Name: _____

RUNNING ACCOUNT AUTHORIZATION

To,
 Vishwas Fincap Services Pvt. Ltd. Regd. Office: WZ-310,
 Nangal Raya, Jail Road, Delhi Cantt, New Delhi-
 110046

Dated _____

Sub : Running Account Authorization

I/We are dealing through you as a client in Capital Market and/or Future & Options segment and/or Currency segment and/or Interest Rate Future segment and/or Commodity Future and Options segment in order to facilitate ease of operations and up front requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
2. I/We request you to settle my funds account except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt at least ☐ Once in every calendar quarter or ☐ Once in a calendar month
4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
5. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement made in writing within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office
6. In addition to above, I/We further authorize you to further retain Rs.10000/- or any such amount prescribed by SEBI/ Exchanges from time to time while settling the funds of my trading account. The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you Yours
 Faithfully,

Signature:  _____

Client Name: _____

Client Code: _____

FOR ELECTRONIC CONTRACT NOTES

To,
 Vishwas Fincap Services Pvt. Ltd. Regd. Office : WZ-310,
 Nangal Raya, Jail Road, Delhi Cantt, New Delhi-
 110046

Dated _____

I/We have been/shall be dealing through you as my/our broker on the Capital Market Segment and/or F&O Segment and/or Currency Derivatives Segment and/or Interest Rate Futures Segments and/or Commodity Future and Options Segment. As my/our broker i.e. agent I/We direct and authorize you to carry out trading/dealings on my/our behalf as per instructions given below.

I/We understand that, I/We have the option to receive the contract notes/financial ledger/security ledger/margin statement and other documents in physical form or electronic form. In pursuance of the same, I/We hereby opt to receive contract notes/financial ledger/security ledger/margin statement and other documents in electronic form. I/We understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the contract notes/financial ledger/security ledger/margin statement and other documents. Accordingly, please take the following email account(s)/email id on your record for sending the contract notes to me/us.

1. _____
2. _____

I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s)/ email id(s).

I/We agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us.

I/We understand that I/we am/are required to intimate any change in the email id/email account mentioned herein above need to be communicated by me/us through a physical letter to you, provided however that if I/We am/are an internet client then in that event the request for change in email id/email account can be made by me/us through a secured access using client specific user id and password.

Please treat this authorization as written ratification of my/our verbal directions/authorizations given and carried out by you earlier.

I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our directions given above.

This authorization is voluntary & can be revoked at anytime by giving notice in writing.

Thanking you,

Yours faithfully

Client Signature  _____

Client Name: _____



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

To,

Vishwas Fincap Services Pvt. Ltd. **Regd. Office: WZ-310,
 Nangal Raya, Jail Road, Delhi Cantt, New Delhi-
 110046**

Dated _____

I, _____ s/o., w/o., d/o _____

_____, refer to my Trading and Demat Account _____
 with Vishwas Fincap Services Pvt. Ltd. (VF SPL) do hereby affirm, declare and undertake that

1. That my name as it appears on my trading account is _____
2. That my name as it appears on my demat account is _____
3. That my name as it appears on the Income Tax website is _____
4. That my name as it appears on the Address proof is _____
5. That my name as it appears on my Pan Card is _____
6. That my name as it appears on the Bank Proof is _____
7. That my name as it appears on my Aadhaar Card is _____
8. That above mentioned names, on Trading account, Demat account, Income Tax website, Address proof, Aadhaar, PAN No. _____ and Bank account bearing no _____ are mine alone.
9. That I hereby request VF SPL to maintain my name in Demat and trading account as per the name appearing on the income tax website/PAN Card.
10. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within 45 days from the date of signing this undertaking. VF SPL may, at its sole discretions, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
11. That I further undertake to open a bank account in accordance with the name as appearing on the income tax website within a week from the date of signing this undertaking.
12. If further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to VF SPL.
13. That I further declare that I am responsible and I shall indemnify & keep indemnified VF SPL, its directors, officers, employees, agents from and against any all losses, claims liabilities, obligations, damages, deficiencies, judgments, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration - cum-undertaking and/or acting on this basis.

That the contents of this declaration, indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That the declaration, indemnity-cum-undertaking given by me to VF SPL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.

Client Signature: _____

Client Name: _____

NOMINATIONDETAILS

Nomination Registration No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------------------	--	------	---	---	---	---	---	---	---	---

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

☐

I/We do not wish to nominate any one for this demat account.

☐

I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my/our death.




Full Name of the Nominee										
Address										
									State	
Country									PIN	
Telephone No.										
E-mail ID										
Relationship with BO (if any)										
Date of Birth (Mandatory if nominee is a minor)	D	D	M	M	Y	Y	Y	Y	Fax No.	

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

Full Name of Guardian of Nominee										
Address										
									State	
Country									PIN	
Telephone No.									Fax No.	
E-mail ID										
Relationship of Guardian with Nominee										

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us. Note : Two witnesses shall attest signature(s) / thumb impression(s).

Details of the Witness		
	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

	First / Sole Holder or Guardia (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	(2) 		

(Signatures should be preferably in black ink)

ANNEXURE - A

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those account holders who have provided their mobile numbers to the depository through their DP. These services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.

4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

I/We wish to avail the SMS Alerts facility provided by the depository

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

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

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

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service. I/We provide the following information for the purpose of Registration / modification (Please cancel out what is not applicable).

BOID

1	2	0	7	4	2	0	0										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)




(Please write your 8 digit Client ID)

Sole/ First Holder's Name: _____ Second Holder's Name _____ Third Holder's Name _____

Mobile Number on _____
which message are to
be sent

The mobile number is registered in the name of: _____

Email ID : _____
(Please write only ONE valid email ID on which communications; if any, is to be sent)

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

Place: _____

Date: ____ / ____ / 20____

OPTION FORM FOR ISSUE OF DIS BOOKLET

☐ OPTION 1 :




I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us CDSL account though I/We have issued a Power of Attorney (POA) / executed PMS agreement in favour of/ with _____ (name of 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 do not require the Delivery Instruction Slip (DIS) for the time being, since I/We have issued a Power of Attorney (POA) / executed PMS agreement in favour of/ with _____ (name of 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 day.

Yours faithfully

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

Vishwas Fincap Services Pvt. Ltd

WZ- 310, Nangal Raya, Jail Road, Delhi Cantt., New Delhi 110046
 Phones : 01 - 47115501 to 5530, Fax : 91-11-28112661
 E-mail : dp@vishwasfincap.com • Website : www.vishwasfincap.com

RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI AND DEPOSITORIES

General Clause

- The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/ Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
- The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner Information

- The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
- The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account of furnished to the DP from time to time.

Fees/Charges/Tariff

- The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts".
- In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/ directions/notifications issued from time to time.
- The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

- The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

- The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
- The DP shall not facilitate the Beneficial Owner to create or permit any pledge and/or hypothecation or any other interest or encumbrance overall or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

- The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the beneficial owner and the DP shall maintain the original documents and the audit trail of such authorizations.
- The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

- The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
- However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
- The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories. If the Beneficial Owner desires to receive the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
- In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or depository from time to time.

Manner of Closure of Demat Account

- The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

- Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, Closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in Payment of charges

- In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
- In case Beneficial Owner has transferred to make the payment of any of the amounts as provided in Clause 5 & 6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

- As per Section 16 of Depositories Act, 1996,
 - Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 - Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/Defreezing of accounts

- The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
- The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

- The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

- If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, all officials authorized by it, who shall represent and interact on its behalf with the participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the participant.

Law and Jurisdiction

- In addition to the specific rights set out in this document, the DP and the Beneficial Owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
- The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye-Laws of the relevant Depository, where the Beneficial Owner maintains his/her account, that may be in force from time to time.
- The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-Laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
- Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-Laws and Regulations and circulars/notices issued there under by the depository and/or SEBI.
- Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
- If the rights and obligations of the parties hereto are altered by virtue of change in rules and regulations of SEBI or Bye-Laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

Signature

FATCA & CRS Declaration - Individual

PAN Trading DP Code

Name

Place of Birth Country of Birth

Nationality

Annual Income ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac
☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ > 1 Crore

Net Worth Amount Rs. Net Worth as on
(Net worth should not be older than 1 year)

Occupational Detail ☐ Business ☐ Private Sector ☐ Professional ☐ Government Service ☐ Public Sector
☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Pl. Specify

Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) ☐

Are you a tax resident of any country other than India ☐ Yes ☐ No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Vishwas Fincap Services Pvt. Ltd for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Sign here : (I)

Date :

Place :

For Investor convenience, Vishwas Fincap Services Pvt. Ltd (VFSPL) collecting this mandatory information for updating across all Group Companies of VFSPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holder, separately, and submit at your nearest VFSPL branch or you can dispatch the hard copy to-

Vishwas Fincap Services Pvt Ltd
WZ-310 Nangal Raya, Delhi Cantt
New Delhi-110046

• For Detail Terms & Conditions please visit www.vishwasfincap.com

Vishwas Fincap Services Pvt. Ltd

Depository Participant with CDSL DP-ID 12074200 * SEBI Regn. No. IN-DP-CDSL-655-2012
WZ-310, Nangal Raya, Jail Road, Delhi Cantt, New Delhi-110046
Phone: 011-47115501 to 5530 Fax: 91-11-28112661 Email: dp@vishwasfincap.com
Website: www.vishwasfincap.com

SCHEDULE OF SERVICES CHARGES FOR DP SERVICES

SCHEME	SCHEME - A (Rs. 500/- payable upfront)	SCHEME - B Rs. 795/- (Non refundable) for Nil Life Time AMC
1. Account Opening Charges	Nil	Nil
2. Account Maintenance Charges	Rs. 250/- per annum	Nil
3. Document Charges	Rs. 125/-	Nil
4. Dematerialisation Charges	Rs. 50/- per DRF plus Rs. 5/- per certificate	Rs. 50/- per DRF plus Rs. 5/- per certificate
5. Rematerialisation Charges	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable & plus Rs. 30/- courier charges.	Rs. 25/- per every 100 securities or part thereof; or a flat fee of Rs. 20/- per certificate whichever is higher will be payable & plus Rs. 30/- courier charges.
6. Custody	Nil	Nil
7. Transaction Charges (per transaction) (a) Receipt/Purchase (b) Delivery/Sale	Nil 0.01% (Minimum Rs. 15/-)	Nil 0.01% (Minimum Rs. 15/-)
8. Pledge Charges (per transaction Creation, Invocation/Closure)	Rs. 50/-	Rs. 50/-
9. Easiest subscribers (password user)	Rs. 100/- p.a.	Rs. 100/- p.a.
10. In troduction Booklet	Rs. 30/- plus courier charges	First Book Free another booklet charges Rs. 30/- plus courier charges.

In addition to the above, the following out pocket expenses shall also be charged.

- Failed instruction intimation : Rs. 20/- per intimation per instruction
- Additional Statement of Holding/Transaction : Rs. 5/- per page+ Postage as per actual.
- In case of demat rejection, postage charges shall be charged @ Rs. 35/- of dispatch of share certificates to the client.
- Any modification in client master will be charged @ Rs. 50/- per modification.
- Any other services not specified above shall be charged extra.
- Taxes and other government fee/charges shall be levied extra, as applicable from the time.
- Charges for DP services in respect of client having trading account/s with VISHWAS FINCAP SERVICES PVT. LTD. or VISHWAS COMMODITIES PVT. LTD. will be debited to their trading accounts.
- Late payment charges @ 2.0% per month.
- VISHWAS FINCAP SERVICES PVT. LTD. may suspend/freeze the depository services of the account holder in case of non-payment of outstanding bill till the time of actual clearance of debt balance.
- Above charges are subject to revision at Depository Participant's sole discretion, for which Depository Participant shall give 30 days prior notice.
- Lifetime AMC valid only for twelve year.

☐ Schemed Opted ☐ Scheme - A ☐ Scheme - B

Signatures

The First Holder/Signatory's Signature	Second Holder/Signatory's Signature	Third Holder/Signatory's Signature

POWER OF ATTORNEY

(For Securities Pay-in/Margin Obligations only)

To all to whom these presents shall come I/we (name of the beneficial owner/s), residing at/ having my/our residence/ office at send greetings.

Whereas I/we hold beneficial owner account number 12074200-000 with Central Depository Services (India) Limited (CDSL), through Vishwas Fincap Services Private Limited, registered with Securities and Exchange Board of India (SEBI).

And Whereas I/we am/are desirous to buy and sell securities through **M/s. Vishwas Fincap Services Private Limited** as my/our constituted attorney to operate my/our beneficial owner account on my/our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

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

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

- i to transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos. 1207420000000800, 1207420000001118, 1207420000000021 and/or any other demat account that may be opened or maintained by the stock broker, for the limited purpose of meeting my/our securities pay-in and/or margin obligations (or by way of pledge or repledge to clearing member and clearing corporation) arising out of trades executed by me/us on any recognized stock exchange through the stock broker.
- i to return to me/us, the securities that may have been received by the stock broker erroneously or those securities that the stock broker was not entitled to receive from me/us; and
- i to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

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

I/we further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at WZ-310, Nangal Raya, New Delhi-110046

Dated this day of,

SIGNED AND DELIVERED

(By the within named Beneficial Owner)

 (Signature of BO)

IN THE PRESENCE OF

Name.....

 (Signature of Witness)

Address.....

.....

I Accept (on behalf of Vishwas Fincap Services Private Limited)

Name.....

 (Signature of POA Holder)

Address.....

.....

Know Your Client (KYC) Application Form (For Individuals Only)

Application No.:

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

2. Gender ☐ Male ☐ Female B. Marital status ☐ Single ☐ Married C. Date of Birth

3. Nationality ☐ Indian ☐ Other (Please specify)

4. Status Please tick () ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick ()

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf)

PHOTOGRAPH

Please affix
the recent passport
size photograph and
sign across it

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City/Town/ Village

State

Country

Pin Code

2. Contact Details

Tel. (Off.) (ISD) (STD)

Mobile (ISD) (STD)

E-Mail id

Tel. (Res.) (ISD) (STD)

Fax (ISD) (STD)

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick () against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

☐ *Not more than 3 Months old. Validity/Expiry date of proof of address submitted

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/ Village

State

Country

Pin Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick () against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

☐ *Not more than 3 Months old. Validity/Expiry date of proof of address submitted

C. Other Details (please see guidelines overleaf)

1. Gross Annual Income Details (Please tick ()): Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ > 25 Lacs ☐

Net-worth in ₹ (*Net worth should not be older than 1 year) as on (date)

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

☐ Private Sector Service ☒ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

3. Please tick, if applicable:

☐ Politically Exposed Person ☐ Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

4. Any other information:

DECLARATION

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

Place:

Date:

FOR OFFICE USE ONLY

IPV Done on

AMC/Intermediary name OR code

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

(Originals Verified) Self-Certified Documents copies received

☐ (Attested) True copies of documents received

☐ Main Intermediary

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

INSTRUCTIONS/ CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening 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. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA) : - List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

Please Submit the KYC Documents on A4 Size Paper Only.

Nomination Form

Nomination Registration No.		Date							
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I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

✓ I/We do not wish to nominate any one for this demat account.
 [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

✓ I/We **nominate** the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details												
DP ID										Client ID		
Name of the Sole / First Holder												
Name of Second Holder												
Name of Third Holder												
Nomination Details	Nominee 1			Nominee 2			Nominee 3					
Nominee Name :												
*First Name:					
Middle Name:					
*Last Name					
*Address:												
*City:												
*State:												
*Pin:												
*Country:												
Telephone No:												
Fax No:												
PAN No:												
UID :												
Email ID:												
*Relationship with the BO:												
Date of birth (mandatory if Nominee is a minor):												
Name of the Guardian of Nominee (if the nominee is minor):												
*First Name:												
Middle Name:												
*Last Name												
*Address of the Guardian of nominee:												
*City:												
*State:												
*Country:												
*Pin:												

Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any

*** Marked is Mandatory field**

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

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: One witness shall attest signature(s) / Thumb impression(s).

	Details of the Witness
Names of Witness	
Address of Witness	
Signature of Witness	

PRO-ACCOUNT DISCLOSURE INFORMATION

To, _____

Dear Sir, _____

Subject : Pro-Account Disclosure Information

This is to inform you that we are doing trade in NSE, MCX and BSE in our own account no. _____

This information is given to you as per SEBI guidelines and Stock Exchange Norms.

Client- Name and Signature

Client Name

Signature

Signed and Delivered by
Vishwas Fincap Services Pvt. Ltd.

Authorised Signatory

तमो सगरी: प्रयोदश
VISHWAS
Member of ISI, BSC, ACC, ISO & CBQI www.vishwasindia.com
आपके सवत विश्वास का आधार

Tel.: 011-47115501 to 5530. Fax: 91-11-28112661 E-mail: dp@vishwasfincap.com. Website: www.vishwasfincap.com

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DP ID:									

Client ID:

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



--	--	--

PAN:

--	--



PAN.

[illegible][illegible]

PAN:

--	--

* I/We hereby authorise the Bank to debit all charges as applicable, to my/our savings/current account linked for such purpose.

Rs. 500/- per request

* The value of securities held in the BSDA shall not exceed Rs. 2 lakhs at any point of time. If the value of holding exceeds Rs. 2 lakhs, the charges as applicable to Regular Demat Account will be levied.

X C1

X C2

X C3

DP-ID

CLIENT ID

INTERNAL REF.

FORM DATE.....

BRANCH NAME.....

CLIENT NAME.....

IN-PERSON VERIFICATION

Vishwas Fincap Services Pvt. Ltd.

DP ID : 12074200 (CDSL)

Name of the DP Staff Signature

Date Place :

Signature of Applicant
Designation

(1) 
1st Holder


2nd Holder


3rd Holder

VISHWAS FINCAP SERVICES PVT. LTD.

WZ 310, Nangal Raya

New Delhi - 110 046

SUBJECT : Depository Charges (Client ID.....)

I/we have a trading account No..... with Vishwas Fincap Services Pvt. Ltd. and Depository Account with Vishwas Fincap Services Pvt. Ltd. Please debit the charge relevant depository service in my/our trading account on regular basis. I/we also agree to maintain the adequate balance in my/our trading account for the said reason.

SIGNATURE

Sole/First Holder/Signatory's Signature	Second Holder/Signatory's Signature	Third Holder/Signatory's Signature

Acknowledgment Receipt

Application No.

I/we hereby acknowledge the receipt of the account opening application form:

Signature of Sole / First Holder	
Signature of Second Holder	
Signature of Third Holder	

Date.....

To,
The Director,
VISHWAS FINCAP SERVICES PVT. LTD.
New Delhi

Sub.: Declaration for Common Mobile No. and E-mail ID

Dear Sir,

This is to inform your that I..... having mny Demat/Trading A/c with you with the Client ID.....
I wish to state that my WIFE/FATHER/MOTHER/SON/DAUGHTER MR./MS.....also having
Demat/Trading A/c No with you. For this purpose wewish to have common Mobile No. and E-mail ID (for operational
convenience) which is already lodged with you in my Demat A/c Noso that all the future
messages/confirmations from you as well as exchanges may be communicated to us at the same Mobile No. & E-mail ID.

Please accord your favorable consent for the same.

Thanking You,

Client's Signature.....

Applicant's Signature.....

Mobile No.:.....

E-mail ID:.....

ACKNOWLEDGMENT FROM CLIENT



Vishwas Fincap Services Pvt. Ltd.

SEBI Reg No. NSE/BSE INZ000189835
SEBI Reg No. MCX INZ000019530

Head Office: Wz-310, Nangal Raya, Jail Road, Delhi Cantt, New Delhi -110046
Phone : 011-47115555-75, 32008702, Fax : 011-28112661
Mobile : 09212187004 / 05 / 06, E-mail : info@vishwasfincap.com
Clearing Member: Globe Capital Market Ltd.
609, 6th Floor, Ansal Bhawan, 16, K.G. Marg, New Delhi - 110001
SEBI Reg. No.: NSE-INF230663732, BSE-INF010663731

I/we hereby acknowledge the receipt of account opening form duly executed copy of KYC, RDD and all other documents as executed by me/us. Further I/we confirmed that the documents for KYC submitted by me/us are true and correct. I/we acknowledge that the other details related to my/our account are as under:

Trading Code..... UCC.....

My E-mail ID.....

Signature of Client