

Account Opening Kit

Index-Documents as Prescribed by SEBI/Exchanges/CDSL

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A.MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI/EXCHANGES/CDSL:

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

....Exploring New Horizons

**Kantilal Chhaganlal**
Since 1954 | First Experience. Wealth Follows.
WEALTH MANAGEMENT SOLUTION

Application Number:

Application Type*: New KYC Modification KYC**KYC Mode***: Please Tick (✓)
 Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker
1. Identity Details (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name⁺ (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender*

 Male Female Transgender

Marital Status*

 Single Married

Nationality*

 Indian Other _____

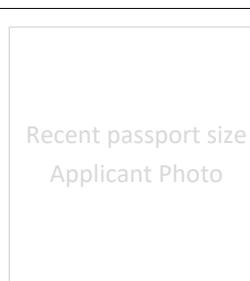
Residential Status*

 Resident Individual Non Resident Indian

Please Tick (✓)

 Foreign National Person of Indian Origin⁺

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)



Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

 A — Aadhaar Card

XXXX XXXX _____

(Expiry Date) _____

 B — Passport Number

 C — Voter ID Card

(Expiry Date) _____

 D — Driving License

 E — NREGA Job Card

 F — NPR

 Z — Others

_____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 2

Line3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line3

City/

Town/Village* _____ District* _____ Pin Code* _____

State*

Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted) A — Aadhaar Card XXXX XXXX _____

(Expiry Date) _____

 B — Passport Number _____ C — Voter ID Card _____ D — Driving License _____

(Expiry Date) _____

 E — NREGA Job Card _____ F — NPR Letter _____ Z—Others _____

(any document notified by Central Government)

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____

Tel (off) _____

Tel (Res) _____

4. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only**In-Person Verification (IPV) carried out by*****Intermediary Details***

IPV Date _____

 Self certified document copies received (OVD)

Emp. Name _____

 True Copies of documents received (Attested)

Emp. Code _____

AMC / Intermediary Name :

Emp. Designation _____

Employee Signature and Stamp

Institution Name and Stamp

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant 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 below list 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 addresses 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/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in 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., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government 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):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government 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.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

D. Exemptions/Clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. 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.

F. Online Mode Processing of KYC:

1. EKYC BIOMETRIC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI Biometric details.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

2. EKYC OTP

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI details using OTP.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

3. ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
- Intermediary attestation on documents (OSV) is exempted.

4. OFFLINE EKYC

- Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.

5. DIGILOCKER

- Digital KYC performed through the documents (OVD) sourced from Digilocker.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

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

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* | <input type="checkbox"/> New <input type="checkbox"/> Update (To be filled by financial institution) KYC Number Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (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"/> |
| Maiden Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> DD - MM - YYYY | | |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T-Transgender |
| PAN* | <input type="text"/> | <input type="checkbox"/> Form 60 furnished | |

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 (anyone 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 Aadhaar | <input type="text"/> |
| II <input type="checkbox"/> E-KYC Authentication | <input type="text"/> |
| III <input type="checkbox"/> Offline verification of Aadhaar | <input type="text"/> |

PHOTO*



Address

| | |
|------------------------|----------------------|
| Line 1* | |
| Line 2 | <input type="text"/> |
| Line 3 | <input type="text"/> |
| District* | <input type="text"/> |
| Pin/Post Code* | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/U.T Code* | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |

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 (anyone 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 Aadhaar | <input type="text"/> |
| II <input type="checkbox"/> E-KYC Authentication | <input type="text"/> |
| III <input type="checkbox"/> Offline verification of Aadhaar | <input type="text"/> |
| IV <input type="checkbox"/> Deemed Proof of Address - Document Type code | <input type="text"/> |

| | |
|------------------------|----------------------|
| Line 1* | |
| Line 2 | <input type="text"/> |
| Line 3 | <input type="text"/> |
| District* | <input type="text"/> |
| Pin / Post Code* | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/U.T Code* | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |

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

Tel. (Off)

Tel. (Res)

Mobile

Email ID

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. Incase 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/email address.

Date :

Place:

[Signature / Thumb Impression]

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 VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

MANDATORY

(This information is the sole property of the trading member / brokerage house and would not be disclosed to anyone unless required by law or except with the express permission of client)

CLIENT REGISTRATION FORM - INDIVIDUAL / NON-INDIVIDUAL (TRADING & DEMAT)

KANTILAL CHHAGANLAL SECURITIES DOES PROPRIETARY TRADING

Application No.

Date **Kantilal Chhaganlal Securities Pvt. Ltd**

CIN No.: U67120MH1995PTC089788

Since 1954 | Trust Experience. Wealth Follows.

| Exchange | Trading & Self Clearing Code | SEBI Registration No. | SEBI Reg. Date | First/Sole Holder of DP and Trading Account Affix recent photograph Please Sign across the Photograph with Marker Pen |
|--------------|------------------------------|-----------------------|----------------|---|
| BSE | 0391 | INB010993239 | 31-Dec-1997 | |
| NSE-CASH | 09301 | INB 230930138 | 14-Jan-1997 | |
| NSE-F&O | 09301 | INF 230930138 | 16-April-2002 | |
| BSE Currency | 0391 | Exchange Approval | | |
| CDSL | DP-ID-12017500 | IN-DP-28-2015 | 09-Feb-2015 | Please sign across the photograph |

Compliance Officer Name, Phone No. & Email Id CEO Name, Phone No. & Email Id

Office : Vlico Center, A wing, 2nd floor, Behind Garware House, 8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

Dear Sir / Madam,

I/We request you to kindly register me/us as your CLIENT and enable me/us to trade in the Cash, Derivatives and/or Currency Derivatives Segments and/ or open a Demat Account pursuant to the Agreement entered into with you. I/We have read & understood the Rules, Bye-laws and Regulations of the Exchanges / Depository and agree to abide by them. In this regard, I/We give the following information.

TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)

| Status | Sub-Status | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual-Director | <input type="checkbox"/> Individual Resident | <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) _____ | | | |
| <input type="checkbox"/> Non-Individual | <input type="checkbox"/> Private Ltd Co. | <input type="checkbox"/> Public Ltd Co. | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> FI | <input type="checkbox"/> HUF | <input type="checkbox"/> AOP | <input type="checkbox"/> Bank |
| | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense | |
| | <input type="checkbox"/> Establishment | <input type="checkbox"/> BOI | <input type="checkbox"/> Society | <input type="checkbox"/> LLP |
| | <input type="checkbox"/> Others (please specify) _____ | | | |
| <input type="checkbox"/> NRI | <input type="checkbox"/> NRI Repatriable | <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> NRI Repatriable Promoter | |
| | <input type="checkbox"/> NRI Non-Repatriable Promoter | <input type="checkbox"/> NRI – Depository Receipts | <input type="checkbox"/> Others (specify) _____ | |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National - Depository Receipts | <input type="checkbox"/> Others | |

Please fill this form in ENGLISH & in BLOCK LETTERS.

PERSONAL DETAILS• Mr. Ms. M/s. Suffix • Name of the Applicant • Father's/spouse Name • Partner / Proprietor Name • Date of Birth Gender: Male Female Marital status: Single Married• Nationality: Status: Resident Individual Non Resident Foreign National• Pan Card : Unique Identification Number (UID)/ Aadhaar, if any: • Specify the proof of Identity submitted • Date of Incorporation • Place of Incorporation • Date of Commencement of Business • Registration No.(e.g. CIN) • Educational Qualification Graduate Post Graduate Professional Other (Please Specify) _____

ADDRESS DETAILS

Address for correspondence:

[] City/Town/Village []

PIN Code: [] State: [] Country: []

CONTACTS DETAILS :

Tel. No.(Office): [] Tel. No.(Resi): [] Fax No.: []

Mobile: [] E-mail ID: []

Specify the proof of address submitted for correspondence address:

Permanent / Registered Address (if different from above or overseas address, mandatory for Non-Resident Applicant):

[] City/Town/Village []

PIN Code: [] State: [] Country: []

Tel. No.(Office): [] Fax No.: [] E-mail ID: []

Specify the proof of address submitted for Permanent / Registered address:

TRADING / DP ACCOUNT(S) RELATED DETAILS

BANK ACCOUNT DETAILS

Bank Code (9 digit MICR code) [] IFS Code (11 Character) []

Account number []

Account type Savings Current Others (Specify) _____

Bank Name []

Branch Name []

Bank Branch Address []
[]
[]
[]

PIN Code []

i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

ii) Photocopy of the Bank Statement having name and address of the BO

iii) Photocopy of the Passbook having name and address of the BO, (or)

iv) Letter from the Bank.

In case of option (ii), (iii) and (iv) above, MICR code of the branch shall be present/mentioned on the document and it shall be self-certified by the BO. MICR code starting with 000 will NOT be eligible for ECS.

Do you wish to receive dividend / interest directly in to your bank account given above through ECS? Yes No

DEPOSITORY ACCOUNT DETAILS (THROUGH WHICH TRANSACTIONS WILL GENERALLY BE ROUTED)

DP Name [] DP Id [] Client ID [] DP Proof

Additional DP details (with proof)

DP Name [] DP ID [] Client ID []

DP Name [] DP ID [] Client ID []

DP Name [] DP ID [] Client ID []

Depository Name NSDL CDSL

TRADING PREFERENCES

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

| Exchanges | NSE, BSE & MSEI | | | | MCX, NCDEX, BSE & NSE |
|---------------------|-------------------------------|----------------|-----------------|-------------|--------------------------------------|
| All Segments | Cash / Mutual Fund | F&O | Currency | Debt | Commodity Derivatives |
| | | | | | |

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____

OTHER DETAILS

Gross Annual income: Details please Tick (✓)

Below Rs1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh 25 Lakh -1 core above 1 core

Networth in Rs. (Networth should not be older than 1 year)

as on Date |D|D|M|M|Y|Y|Y|Y|

Occupation: Details please Tick (✓) - Private Sector Service Public Sector Government Service
 Business Professional Agriculturist Retired Housewife Student Forex Dealer Others

Please tick (✓) if applicable - Politically exposed person Related to politically exposed person

Any other information :

Name, PAN, DIN / UID, Residential Address and Photographs of : Promoters/Partners/Karta/Trustees/Whole time Directors.

Please use the Annexure to fill the details

Is the entity involved /providing any of the following services? : Yes No

For Foreign exchange/Money Changer services : Yes No

Gaming / Gambling / Lottery Services (eg Casinos, Betting Syndicates) : Yes No

Money lending / Pawning : Yes No

Any other information:

JOINT HOLDER - SECOND HOLDER'S DETAILS (FOR DP ACCOUNT)

| | | | | | | |
|--|---|-------------------------------|-------------------------------|---------------------------------|------------------------------------|--|
| First Name | | | | | | Please affix the recent passport size photograph & sign across it |
| Middle Name | | | | | | |
| Last Name | | | | | | |
| Father / Husband Name | | | | | | |
| Title | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Other | Suffix | |
| Permanent Address | | | | | | |
| City | | | | State | | |
| Country | | | | PIN | | |
| Tel. No. | Fax No. | Mobile No. | | | | |
| PAN | UID No. | | | | | |
| E-mail ID | | | | | | |
| Date of Birth | D D M M Y Y Y Y | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Corporate | |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) | | | | | |
| Occupation | Service (<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body) <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)....) | | | | | |
| Nature of Business : (Products/services provided) | | | | | | |

JOINT HOLDER - THIRD HOLDER'S DETAILS

| | | | | | | |
|---------------------------|---|-------------------------------|-------------------------------|---------------------------------|------------------------------------|---|
| First Name / Company Name | | | | | | PHOTOGRAPH Please affix the recent passport size photograph & sign across it |
| Middle Name | | | | | | |
| Last Name | | | | | | |
| Father / Husband Name | | | | | | |
| Title | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Other | Suffix | |
| Permanent Address | | | | | | |
| City | | | | State | | |
| Country | | | | PIN | | |
| Tel. No. | Fax No. | Mobile No. | | | | |
| PAN | UID No. | | | | | |
| E-mail ID | | | | | | |
| Date of Birth | D D M M Y Y Y Y | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Corporate | |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) | | | | | |
| Occupation | Service (<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body) <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)....) | | | | | |

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: _____

Ph: _____ Fax: _____ Website: _____

Whether dealing with any other stock broker/sub-broker (incase 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: _____

ADDITIONAL DETAILS

- Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify): Physical Electronic
Specify your Email id, if applicable: _____
- Whether you wish to avail of the facility of internet trading/ wireless technology (please specify): _____
- Number of years of Investment/Trading Experience: _____
- Any other information: _____

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:.....
.....

DETAILS OF INTRODUCER

Name of the Introducer _____

Member / Client Code No. / Emp. Code _____

Photo identity of introducer (Pan card, Drv Lic. Pass Port, Voter I Card : (Compulsory) _____

Address of introducer (Submit Valid Address proof) _____

Name and designation of the employee who interviewed the client : _____

Name _____

Designation _____ PAN No. _____

States of Introducers : Sub-broker Remisier Authorized Person Existing Client Employee

Others, please specify _____

Introducer Sign. 

DECLARATION

For Trading: 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.

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

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.

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|---|---|---|
| Name | | | |
| Signature | I(8a)  NI1&2(2a) | I(8b)  NI1&2(2b) | I(8c)  NI1&2(2c) |

Place

Date :

| | | |
|---------------------------|---|-----------------------------|
| SMS Alert Facility | <input type="checkbox"/> Yes Mobile No. +91 _____ (Refer to Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL on page 18.) | <input type="checkbox"/> No |
| easi | <input type="checkbox"/> Yes, If yes, please contact your DP for details (Facility through CDSL's website : www.cdsindia.com wherein a BO can view his ISIN \ balances, transactions and value of the portfolio online.) | <input type="checkbox"/> No |

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

| | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------------|----------------------------------|--|
| Account Statement Account Statement requirement | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input checked="" type="checkbox"/> as per SEBI regulation |
| 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 |
| I/ We request you to send Electronic Transaction-cum-Holding Statement at Sole / First Holders Email- Id Stated in the Account Opening Form or at. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I/ We would like to share the email ID with the RTA | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I / We Instruct the DP to receive each and every credit in my / our account | | | | (Automatic Credit) | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| Details of Guardian (if the Sole Holder is minor) | | | | | |
| Only for DP A/c | | | | | |
| First Name | | | | | |
| Middle Name | | | | | |
| Last Name / Search Name | | | | | |
| Relationship with the applicant | | | | | |
| Correspondence Address | | | | | |
| City | | | State | | |
| Country | | | PIN | | |
| Tel. No. | Fax No. | | Mobile No. | | |
| PAN | | | UID No. | | |
| E-mail ID | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Clearing Members Details (To be filled by CMs only) | | | | | |
| Name of the Stock Exchange | | | | | |
| Name of the CC / CH | | | | | |
| Trading Id | | | | | |
| Clearing Member ID | | | | | |

FOR OFFICE USE ONLY

| | | | |
|---|---------------------------------|--|---|
| <input type="checkbox"/> Originals verified and self-attested document received | Name of SB/AP/ Branch Official: | | Stamp of the Trading Member (Authorised Signatory) |
| | Signature | | |
| | Date | | |

(Mandatory In Case Client Wishes To Trade In F&O or Currency or both)

DOCUMENTARY EVIDENCE OF FINANCIAL DETAILS TO TRADE IN DERIVATIVES SEGMENT

To

Kantilal Chhaganlal Securities Pvt.Ltd

Vilco center, A wing, 2nd floor, Behind Garware House, 8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

Date: _____

Sub: Documentary evidence of financial details to trade in Derivatives segment.

I _____, having a trading account (_____) with you would like to provide the details as required.

Please note that my income range is: (please tick the relevant box) 1 to 5 lakh 5 to 10 lakh 10 to 25 lakh above 25 lakh

1. Self attested Copy of ITR Acknowledgement (For last financial year)
2. Self attested Copy of Annual Accounts (for last financial year)
3. Self attested Copy of Form 16 in case of salary income (for last financial year)
4. Net worth certificate (latest one or at the end of last financial year)
5. Self attested Salary Slip (for one month in current financial year)
6. Self attested Bank account statement (for last 6 months)
7. Original or Self attested Copy of demat account holding statement (not more than 3 months old)
8. Any other relevant documents substantiating ownership of assets.

Name _____

Note: Please attach any one of the above documents; the document has to be duly self attested

I(13)
Sign. _____

KANTILAL CHHAGANLAL SECURITIES PRIVATE LTD.



Since 1954 | Trust Experience. Wealth Follows.

TARIFF

Only for Trading A/c

Brokerage Slab fixed for client

Mention brok code Cash

or

| | | | | |
|-------|---------|-------|---------|-----------------------------------|
| % age | minimum | % age | minimum | <input type="checkbox"/> One side |
|-------|---------|-------|---------|-----------------------------------|

or

Ref. A./c code

F & O

Future

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

One side Both side

Currency

Option

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

One side Both side

One side Both side

COMPULSORY

Delivery Square off

% age minimum % age minimum

Statutory charges will be levied as per statutory authorities from time to time

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|---|---|--|
| Name | | | |
| Signature | I(9a) NI1&2(3a) | I(9b) NI1&2(3b) | I(9c) NI1&2(3c) |

For Kantilal Chhaganlal Securities Pvt. Ltd.

Director / Authorised Signatory

MANDATORY**TARIFF**

Only for DP A/c

KANTILAL CHHAGANLAL SECURITIES PRIVATE LTD.

Vilco Center, A wing, 2nd floor, Behind Garware House, 8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

**— Depository Services —****DP-ID 12017500****SEBI Registration Number: IN-DP-CDSL-47-99**
Depository Participant With CDSL
"Tariff" with effect from September-2014

Form Number / Demat a/c Number _____

I.....(first holder) request you to open a Demat account in KCSPL under the following tariff scheme.

 Scheme – B

I agree to abide by all charges and conditions prescribed in the tariff scheme.

| Particulars | SCHEME "B" | LIFE TIME AMC SCHEME (L3) (Only for Individuals) | LIFE TIME AMC SCHEME (L5) (Only for Individuals) | REMARKS |
|-----------------------------------|--|--|--|--|
| Account Maintenance | Individuals Rs 400/- | Rs. 3500/- (Not for Corporates) | Individuals Rs. 1500/- (Not for Corporates) | 1. Annually Recurring Y-o-Y Basis for SCHEME B 2. One Time Upfront Payment for LIFE TIME AMC SCHEME. (Only for Individuals.) |
| | Corporates Rs. 1500/- | | | |
| Pledge Creation Pledge Closure | 0.02% or Rs.25/- per transaction. Whichever is higher | 0.02% or Rs.25/- per transaction. Whichever is higher | 0.02% or Rs. 25/- per transaction. Whichever is higher | On Market Value |
| Dematerialisation | Rs.2/- per cert. or Rs. 10/- per request Whichever is higher | Rs.2/- per cert. or Rs. 10/- per request Whichever is higher | Rs.2/- per cert. or Rs. 10/- per request Whichever is higher | RS. 25/- Courier Charges. Every 250 gms per DRF |
| Rematerialisation | Rs. 25/- per certificate | Rs. 25/- per certificate | Rs. 25/- per certificate | RS. 25/- Courier Charges. Every 250 gms per RRF |
| Credit Transactions | NIL | NIL | NIL | NA |
| On Mkt. Transaction Charges | | | | |
| With KCSPL (Sell) | Rs. 10/- | Rs. 10/- | Rs.25/- | Per ISIN |
| Outside KCSPL (Sell) | Rs. 25/- | Rs. 25/- | Rs.50/- | Per ISIN |
| Off Mkt. Transaction charges | | | | |
| With KCSPL | Rs. 15/- | Rs. 15/- | Rs. 25/- | Per ISIN |
| Outside KCSPL | Rs. 25/- | Rs. 25/- | | Per ISIN |

Notes:

Debit transaction charges for BSDA accounts @Rs. 50/- per ISIN.

Life Time AMC :

- ◆ @ Rs.3500/-
- ◆ Account holders would need to give consent for E-Statement as per CDSL operating instructions.
- ◆ All other transaction charges would be same as Scheme B below.

Other Notes :

- ◆ The tariff indicated above are charges levied by KANTILAL CHHAGANLAL SECURITIES PVT. LTD., (KCSPL-DP) on their Clients.
- ◆ Payments of all Charges should be by way of Cheque / Draft favoring KANTILAL CHHAGANLAL SECURITIES PVT. LTD. – CLIENT A/c.
- ◆ Tariff for other services will be announced as and when introduced.
- ◆ The tariffs indicated above are subject to periodic review.
- ◆ Transaction means any Debit / Credit entry in Beneficial Owner's account.
- ◆ Charges for Transactions are calculated based on the closing price of the Scrip on BSE / NSE as on the last traded day prior to the Execution day as received from CDSL from time to time.
- ◆ KANTILAL CHHAGANLAL SECURITIES PVT. LTD., Depository Services will provide statements every Quarter as a Service.
- ◆ Statements in addition to that mentioned above will be charged Subject to Minimum of Rs. 50/-
- ◆ KANTILAL CHHAGANLAL SECURITIES PVT. LTD Depository Services reserves the right to revise its service charges at its absolute discretion.
- ◆ Account Maintenance, Stamp Charges, Dematerialization Charges, Advance and Mandate should be paid up front while submitting Forms and / or DRF's.
- ◆ Service Tax as applicable will be charged in the Bill.
- ◆ Kantilal Chhaganlal Securities Pvt.Ltd. may refuse to transfer instructions to the extent of dues recoverable if any.
- ◆ In case of failure or delay in making payment of charges, the BO account will be frozen for all operations till such time all payments are made. If payments are not cleared, in spite of repeated reminders, KCSPL-DP reserves the right to close the account where there are no holdings, after one month Notice to the BO.

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|--|--------------------------------------|-------------------------------------|
| Signature | I(10a) | I(10b) | I(10c) |

Kantilal Chhaganlal Securities Pvt Ltd

Since 1954 | Trust Experience. Wealth Follows.

Regd Office:- 7th Floor, Sangita Ellipse, Plot No. 32, Tajpal Scheme, Sahakar Road, Vile Parle (East), Mumbai - 400057 • Tel.: 022-6723 6000 / 60001 • Fax: 022-6723 6088

Nomination Form

(To be filled in by individual singly or jointly)

| Date | D | D | M | M | Y | Y | Y | Y | DP ID | 1 | 2 | 0 | 1 | 7 | 5 | 0 | 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 here by 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 1 st Nominee | | | | | | Details of 2 nd Nominee | | | | | | Details of 3 rd Nominee | | | | | | | | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Share of each Nominee | Equally [If not equally, please specify percentage] | % % % | | | | | | | | | | | | | | | | | | | | |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|-------------------------------|--|----------|--|--|--------------------------------|--|
| | 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"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | | | |
| Name(s) of holder(s) | | | | | Signature(s) of holder* | |
| Sole / First Holder (Mr./Ms.) | | | | | | |
| Second Holder (Mr./Ms.) | | | | | | |
| Third Holder (Mr./Ms.) | | | | | | |

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

| Details of witness | First Witness | Second Witness |
|---------------------------|----------------------|-----------------------|
| Name of witness | | |
| Address of witness | | |
| Signature of witness | | |

Note:

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

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

(To be Filled by DP)

Nomination Form accepted and registered wide Registration No. _____ Date _____

For Depository Participant
(Authorised Signature)

Kantilal Chhaganlal Securities Pvt Ltd

Since 1954 | Trust Experience. Wealth Follows.

Regd Office:- 7th Floor, Sangita Ellipse, Plot No. 32, Tajpal Scheme, Sahakar Road, Vile Parle (East), Mumbai - 400057 • Tel.: 022-6723 6000 / 60001 • Fax: 022-6723 6088

Declaration Form for opting out of Nomination

| | | | | | | | | | |
|--|------|----|---|---|---|---|---|---|---|
| To | Date | D | D | M | M | Y | Y | Y | Y |
| Kantilal Chhaganlal Securities Private Limited 7th Floor, Sangita Ellipse, Plot No. 32, Tajpal Scheme, Sahakar Road, Vile Parle (East), Mumbai 400057. | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 1 | 7 | 5 | 0 | | |
| Client ID (only for Demat account) | | | | | | | | | |
| UCC | | | | | | | | | |
| 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)* | | | | | | | | | |
| 1. | 2. | 3. | | | | | | | |

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

| Details of witness | First Witness | Second Witness |
|----------------------|---------------|----------------|
| Name of witness | | |
| Address of witness | | |
| Signature of witness | | |

MANDATORY**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. The 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.

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|---|---|--|
| Signature | I(12a) | I(12b) | I(12c) |

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

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

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

Governing Law and Jurisdiction:

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

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

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

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

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

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 1 | 7 | 5 | 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
messages are to be sent

| | | | | | | | |
|-----|--|--|--|--|--|--|--|
| +91 | | | | | | | |
|-----|--|--|--|--|--|--|--|

(Please write only the mobile number without
prefixing country code or zero)

The mobile number is registered in the name of: _____

Email ID: _____

(Please write only ONE valid email ID on which communication; if any, is to be sent)

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|--|--------------------------------------|-------------------------------------|
| Signature | I(13a) | I(13b) | I(13c) |

From : _____

Client Code : _____

To, _____

Kantilal Chhaganlal Securities Pvt. Ltd.

Vilco center, A wing, 2nd floor, Behind Garware House, 8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

Dear Sir,

Sub: Mandate to issue contract notes in digital format & other communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.) through an E-Mail

I / We hereby agree and consent to accept the contract notes for transactions carried on by us/me with you on BSE \ NSE \ MCX-SX or any other stock exchange recognized & where Kantilal Chhaganlal Securities Pvt. Ltd. is registered as a trading member by SEBI. This is as per terms of the Document entered into between us/me, in digital form. Digital contracts issued by you as per the terms and conditions specified herein shall be binding on me/us. The mandate is subject to terms and conditions mentioned herein below.

Terms and conditions for issuance of contract notes in digital form between us :-

1. Digital Contract Notes in the format as may be prescribed by the Exchange/SEBI from time to time will be mailed to me/us on the E-mail address provided to you. You can also send me/us my/our margin statement in digital form with contract notes.
2. I / we undertake to check the contract notes and bring the discrepancies to your notice.
3. In case of any failure in system or errors in digital contract notes, contract notes will be issued in physical form, which shall be binding on the client.
4. Discrepancies, if any, should be sent on E-mail compliance@kcsecurities.com
5. Clients can view the digital contract notes using the username & password through the web-site apart from the contract notes sent to the client through mail.
6. The Digital contract notes will be archived at frequent intervals . If the client intends to view the digital contract notes of archived period then client may request for the same in writing\ through registered email id.
7. The contract notes will be issued in digital form in compliance with the guidelines issued by SEBI / Exchanges from time to time.
8. It will be client's responsibility to regularly check the mailbox and keeping the storage space for new email messages.
9. Any changes in the terms and conditions shall be intimated from time to time.
10. Non-rece
11. Digital Contract Notes will also be available at our Web-site www.kcsecurities.com
12. Any change in the E-mail ID shall be communicated by us / me through a physical letter and updated KRA modification form.

Other Communications (such as Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, bills, Notices etc.) You can send me various documents like Daily margin statement, Statement of funds & securities, Account confirmations, bills, notices etc. through an E-mail ID mentioned in this letter.

This instruction to issue digital contract notes & other communications are applicable with immediate effect.

My/Our E-mail ID _____

(Client Signature) 

My/Our Alternative E-mail ID _____

To,

Kantilal Chhaganlal Securities Pvt. LtdVilco center, A wing, 2nd floor, Behind Garware House,
8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

From :

I / We have opened a trading Account No. Client Code _____ with Kantilal Chhaganlal Securities Private Limited., (KCSPL) and desire to do trading & investing on various segments of various exchanges. In order to facilitate my/our operations with KCSPL, I / We request and authorize KCSPL:

1. To maintain my/our account as a running account for funds & securities instead of settlement –to settlement (Bill to Bill) clearance of funds & securities due to me / us & agree that KCSPL shall not be liable for any loss or for any consequential, incidental, special or exemplary damages, inadvertently caused by retention of such securities.
2. To retain pay out of funds & securities without any interest payable on such retention and agree that KCSPL may charge me / us the cost of holding such securities in its account.
3. To release funds & securities to me / us on my / our written request subject to me / us keeping sufficient margins & settlement obligations in respect to my / our trading across the Stock Exchanges and segments of the Stock Exchanges and agree that KCSPL may charge me/ us the cost of holding such securities in its account.
4. To settle the funds and securities periodically but at least once in a month / quarter, except retention of margin etc. due on outstanding obligations on the settlement as prescribed by the exchanges.
5. I / We fully understand and agree that if I / We have not opted the periodicity of the settlement of funds /securities (account) as mentioned above, this settlement of account will be done once in a quarter. However while settling the funds and securities. I / We authorize you to retain an amount of up to Rs. 10,000/- (net amount across segment and across Stock Exchanges) with you if you so desire.

I / We shall bring any dispute arising from the statement of account or settlement so made to your notice within 7 working days from the date of receipt of funds/securities or statement as the case may be. I / We hereby understand and agree that if no queries are raised by me / us in respect of the transactions those appearing in the statement within the said period, the statement is treated as completely accepted by me / us.

Further I / We agree that the authorization given above is valid till the same is revoked by me/us. I / We agree that the above authorization may be revoked at any time after fulfilling the settlement, margin and any other obligations.

Constituent Name: _____

Sign. 

NON-MANDATORY

Date | D | D | M | M | Y | Y | Y | Y |

To

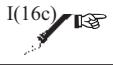
Kantilal Chhaganlal Securities Pvt.Ltd

Vilco center, A wing, 2nd floor, Behind Garware House,
8 Subhash Road, Vile Parle (E), Mumbai - 400 057.

I hereby confirm that I have received a copy of POA and Hand book containing copies of the followings:

- 1. Rights and Obligations of Trading & Demat Account**
- 2. Risk Disclosure Document (RDD)**
- 3. Policies and Procedures**
- 4. Tariff sheet of broking / D.P**
- 5. Guidance Note - Do's and Don'ts for Trading on The Exchange(S) for Investors and Do's and Don'ts for Demat Account.**

I confirm that I have read and understood the contents of the above documents and agree to their contents.

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|--|--|--|
| Name | | | |
| Signature | I(16a)  | I(16b)  | I(16c)  |

NON-MANDATORY

To,

Authority to debit the Demat Account operating charges**Kantilal Chhaganlal Securities Pvt. Ltd**

Vilco center, A wing, 2nd floor, Behind Garware House,
8 Subhash Road, Vile Parle (E), Mumbai- 400 057.

| |
|-----------------------|
| Beneficiary Client Id |
| Trading Account code |

This is to inform you that

- a. I/We have a beneficiary account with you (DP) with client id as mentioned above.
- b. Further I/We also have a trading account with you (trading code as mentioned above) for investment and trading purpose.
- c. I/We find it extremely inconvenient to give cheques against your depository bills.

With respect to the above mentioned subject and consideration, I/we hereby authorize you to debit my/our trading account maintained with you for the debit charges payable to beneficiary account (DP) for providing depository services. Any such sum debited to my/our account shall be binding on me/us.

Thanking you

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|--|--|--|
| Signature | I(17a)  | I(17b)  | I(17c)  |

NON-MANDATORY**BSDA Declaration**

Date | D | D | M | M | Y | Y | Y | Y |

To

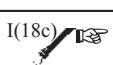
Kantilal Chhaganlal Securities Pvt.Ltd

Vilco center, A wing, 2nd floor, Behind Garware House,
8 Subhash Road, Vile Parle (E), Mumbai - 400 057.

Sub: Option for not availing BSDA (Basic Service Demat Account) facility.

Dear Sir,

Pursuant to SEBI circular CIR/MRD/DP/20/2015 and CIR/MRD/DP/20/2015 dated 27th August, 2012 and December 11, 2015 respectively. I/We hereby declare that I do not wish to opt for BSDA (Basic Service Demat Account) facility. Thus my account shall be continued as the same as a regular Demat account.

| | First Holder/Sole Authorised Signature | Second Holder / Authorised Signature | Third Holder / Authorised Signature |
|-----------|--|--|--|
| Name | | | |
| Signature | I(18a)  | I(18b)  | I(18c)  |

To,

KANTILAL CHHAGANLAL SECURITIES PVT. LTD.,
 Vilco Center, A wing, 2nd floor,
 Behind Garware House,
 8 Subhash Road, Vile Parle (E),
 Mumbai- 400 057.

Date |D|D|M|M|Y|Y|Y|Y|

1 WHEREAS the Hindu Undivided family of _____ (hereinafter referred to as 'the said Joint Family') carrying on business in the firm name and style of _____ at or elsewhere (hereinafter referred to as 'the said H.U.F. firm), have or desire to have Capital and / or Derivatives (hereinafter referred to as 'Member') we, the undersigned, hereby declare :

- (a) that we are the present adult / major co-parceners of the said joint family. The names and dates of birth of the present major co-parceners of the said joint family are given below:

| DETAILS OF THE MAJOR CO-PARCENERS | | | | | |
|--|------|--------|-----|---------------|--------------|
| S. No. | Name | Gender | Age | Date Of Birth | Relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- (b) that following are the present minor co-parceners of the said joint family. The names and dates of birth of the present minor co-parceners of the said joint family are given below :

| S. No. | Name of the Minor | Father's | Date of Birth | Signature |
|--------|-------------------|----------|---------------|-----------|
| 1 | | | | |
| 2 | | | | |

We undertake to inform you in writing as and when each of the said minor members attains majority and is authorized to act on behalf of, and bind, the said HUF firm.

- (c) that Shri _____ is the present karta of or the manager of the said Joint Family.
- (d) That we are entitled to trade in the Capital or Derivatives trading Account of the said Joint Family.
- (E) That each one of us has full and unrestricted authority to act on behalf of and bind, the said H.U.F. firm and all the present as well as future members, both adults and minors, of the said joint family, howsoever constituent from time to time.
2. We confirm that the affairs of the said joint family and the business of the said firm are carried on mainly by the karta / manager, the said Shri _____ on behalf of and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorized the karta / manager, the said Shri _____ on behalf and in the interest and for the benefit of all the co-parceners of the said joint family. We hereby authorize the karta / manager Shri _____ on behalf of the HUF to deal on BSE or any other exchange and / or segment that may be introduced by BSE in future and the said Trading

Sign. I(19) 

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

Member is hereby authorized to honor all instruction oral or written, given by him on behalf of the HUF Mr. _____ is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through M/s. Kantilal Chhaganlal Securities Pvt. Ltd. on behalf of the HUF _____ He is also authorized to sign, execute and submit such application, undertakings agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are however, jointly and severally responsible for all liabilities of the said HUF firm to the member and agree and confirm that any claim due to the member from the said HUF firm shall be revocable from the asset of anyone or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor co-parceners, if any.

3. We undertake to advise the member in writing of any changes that may occur in the kartaship / Managership or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member, the member will be entitled to regard each of us a member of the said joint family and as a partner of the said HUF firm and all acts, dealings and transactions purporting to have been done on behalf of the said joint family or of the said joint family and the said HUF firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the member for all dues and obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until] all such dues and obligations shall have been liquidated and discharged.
4. We authorise you to accept /transfer the deliveries from /to the beneficiary account opened in the name of the karta with Depository Participant for the completion of the obligation by you in respect of trades executed in the above trading account of the said HUF.
5. We agree that the obligations for Securities purchase and / or sale by the HUF will be Handled and completed through transfer to / from the above mentioned account. We recognize and accept transfers made by you to the above beneficiary account as completion of obligations by you in respect of trades executed in the above trading of the HUF.
6. That wherever any change occurs in the managership or in the constitution of the said joint family caused by the death of a co-parcener whether or not resulting in a share devolving on his widow or by the birth of a co-parcener or if at any time any of us desires to give up or sever his connection with the said joint Family or if any minor member of the said family attains majority, to give notice thereof to the above mentioned.
7. In the event of the Depository Participant acceding to our request and opening the account in the name of H.U.F. We, Undersigned, undertake with the intention of binding not only the present members of the said joint family (both adults and minors) but also all future members thereof (both adults and minors) and all persons entitled to a share therein and ourselves personally and out respective interest in the joint family.
8. For _____ HUF

(Please Sign : all major co-parceners)

| S. No. | Name | Signature |
|--------|------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Sign. I(20) 

NON-MANDATORY**Customer Profile**

| | | | |
|--|--------------------------------------|---------------------------------|---|
| Expected Investment / Trading Turnover on a Monthly Basis | <input type="checkbox"/> Upto 10 Lac | <input type="checkbox"/> 10 Lac | <input type="checkbox"/> More than 50 Lac |
|--|--------------------------------------|---------------------------------|---|

| | | | |
|------------------------------------|---|---|--|
| Average Size of Transaction | <input type="checkbox"/> Upto 50 Thousand | <input type="checkbox"/> Rs. 50 Thousand to 1 Lac | <input type="checkbox"/> More Than 1 Lac |
|------------------------------------|---|---|--|

| | | | |
|---|---|---|--|
| Expected no. of Transaction on a monthly basis | <input type="checkbox"/> Upto 50 Thousand | <input type="checkbox"/> Rs. 50 Thousand to 1 Lac | <input type="checkbox"/> More Than 1 Lac |
|---|---|---|--|

Average Annual Income to be updated every year on the basis of information or documents to be obtain from clients

| Financial Year | Annual Income | Financial Year | Annual Income |
|----------------|---------------|----------------|---------------|
| 2012-13 | | 2015-16 | |
| 2013-14 | | 2016-17 | |
| 2014-15 | | 2017-18 | |

Additional Information

| 1. Purpose of Opening the Account | 2. Source of Funds for Trading / Investment |
|-----------------------------------|---|
| Investment | Salary |
| Trading | Business |
| Arbitrage | Inherited / Gift |
| | Investments |
| | Professional Fees |
| | Saving |
| | Others (Pls. Specify) |

From : _____

Trading A/c No (UCC) _____

Date : _____

To,

KANTILAL CHHAGANLAL SECURITIES PVT. LTD.

Vilco Center, A wing, 2nd floor, Behind Garware House, 8 Subhash Road, Vile Parle (E), Mumbai - 400 057.

Dear Sir,

Funds Payouts through NEFT (National Electronic Fund Transfer)

I / We _____ request you to release my / our funds payout through NEFT. My bank details are as given below for your records.

| | | | | | | | | | | | | |
|----------------|---------|--|---------|--|-------------------------|--|--|--|--|--|--|--|
| Bank Name | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | |
| Account Type | Savings | | Current | | Others (please specify) | | | | | | | |
| IFSC Code | | | | | | | | | | | | |

1. Cancelled Cheque duly signed by me /us.

2. Copy of latest Pass Book / Bank Statement (Not more than 3 months old)

I/ We hereby declare that the above mentioned details are correct & Kantilal Chhaganlal Securities Pvt. Ltd. or any of their group companies shall not be held responsible for any kind of wrong transfer due to incorrect information given by me / us.

Thanking you.

Yours truly,

Sign. I(21)

FATCA / CRS Declaration Form

Self - Certification for individual

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 | |

Part III- Customer Declaration (Applicable for all customers)

- (i) Under penalty of perjury, I/we certify that:
 - a) 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)**
 - b) 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 the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank 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 the Bank may also 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 taxpayer identification number of the applicant.

| | |
|---|------------------------|
| Signature :  | Trading Account Code : |
| Name : | Demat Account Code : |

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 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 | <input type="checkbox"/> Job Card | <input type="checkbox"/> Govt. Issued ID Card |

For Office use only

| Risk Profiling of clients | | |
|----------------------------------|--------|-----|
| High | Medium | Low |
| | | |

| Supporting Documents | |
|---|---|
| Individual (Any two) | Non Individual |
| 1) PAN Card (Compulsory) 2) Passport 3) Driving Licence 4) Voter ID Card 5) Ration Card 6) UIN Card Xerox | 1) Net Worth Certificate 2) Memorandum & Articles (for corporates only) 3) PAN Card Copy 4) Board Resolution (for corporates only) 5) Two years balance sheet 6) Two Supporting documents of two Directors/Partners as per list given in the individual categories 7) Partnership Deed (For partnership only) 8) Authority letter by all partners (for partnership only) |

For Office Use Only

| UCC Code allotted to the Client: | Client Interviewed By | Documents verified with Originals | 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 Hand Book Containing '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 client. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website for the information of the client.

Date

Signature of the Authorised Signatory

| | | | |
|---|--|--|--|
| Payment Details : Name of Bank _____ | | | |
|---|--|--|--|

| | | |
|------------------|----------------|------------|
| Cheque No. _____ | MICR No. _____ | Date _____ |
|------------------|----------------|------------|

Mention Login ID for MAPIN on ODIN

| | | | |
|----------|--|----------------------|--|
| BSE Cash | | Currency Derivatives | |
| NSE Cash | | NSE F & O | |

Sourced By (RM / Dealer/Branch Manager/Regional Head/Others)

| | |
|------------|-----------------|
| Name _____ | Signature _____ |
|------------|-----------------|

| | | | |
|---------------------------|--|---------------------|--|
| 1) Preliminary - Checking | | 2) Final - Checking | |
| 3) DP Maker | | 4) DP Checker | |
| 5) Trading Maker | | 6) Trading Checker | |
| 7) Checking PMLA software | | | |

Approved

Authorised Signatory / Director

Relation Declaration Form

Date:-
From:
Name :
Address :

To
Kantilal Chhaganlal Securities Private Limited / Kaycee Commodity Services Pvt. Ltd.
Vilco centre, A wing, 2nd floor, 8 Subhash Road, Vile Parle (E), Mumbai – 400057.

Subject:- Common Mobile number / Email ID For Demat and Trading accounts.

Dear Sir,
I, Mr/Mrs _____ would like to confirm that the Mobile number/E-mail ID _____ is registered in my name. I am enclosing self attested copy of latest ID Proof for your information and record. I am your registered client having trading code as _____ and demat account number _____.

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 is / are my family member (i.e. spouse, dependents parents, dependents children) 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 me of all the SMS/Email belonging to them which are sent by you to me on my above mobile number/email id.

| Sr. No. | Client Name | Trading Code | Demat A/c | Relation | Signature |
|---------|-------------|--------------|-----------|----------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Thanking You,

Yours Faithfully,

(Signature)

Note :

1. Non Individual client shall provide the Mobile/Email details of the person authorized to receive such communication and as provided in the KYC.
2. Client may please note that Mobile No. of Trading Member/employees of TM/ Sub broker/Authorised person are not permitted for receiving the SMS/Email communication from exchanges.