

KYC Form for ENTITIES OTHER THAN INDIVIDUAL



For office use only

Client Name					
Inward Date		Branch Code		UCC Alloted	
Registration Date		DP ID	12028900	CLIENT ID	

Kindly ENSURE the following before sending the Account Opening Form (AOF) to us.

Sr. No.	Particulars	Please ✓ after rechecking
1	All details of the Applicant(s) and / or of Authorised person are duly filled in.	
2	Interaction / Discussion is done with the Applicant(s) and / or Authorised person before proceeding to the AOF .	
3	Signature(s) of the Applicant(s) and / or of Authorised person are obtained at all the required places.	
4	Signature(s) of the Applicant(s) and / or of Authorised person are matched with their Signature(s) on the PAN.	
5	Name(s) and Address(es) of the Applicant(s) matched with the proofs given.	
6	Original Documents of the Applicant(s) Verified / Validity Checked.	
7	Copies of all supporting documents are SELF ATTESTED by the Applicant(s) and / or Authorised person.	
8	IPV STAMP with Signatures are affixed at the required places on the AOF and on all the copies of the documents submitted by the Applicant(s) .	
9	Downloaded Aadhaar Copy(ies) of the Applicant(s) is/are attached, with the QR code clearly visible.	
10	PAN and all other supporting documents are clearly visible. (Picture, DOB, Name etc. are clear and readable.)	
11	EMAIL IDs and MOBILE Numbers provided belong to the Applicant(s) and / or of Authorised person.	
12	Duly Signed DDPI is obtained.	
13	DP and Brokerage Schemes are explained to applicant and filled in.	

Signature & Stamp of Authorized Person (AP)

IMPORTANT NOTE

- Incase of any correction, signature required next to correction done.
- Do not use white ink.
- Do not overwrite.
- IPV to be done by Authorised Persons only.
- Applicant's stamp is must with all signatures.

NON Individual KYC CHECKLIST

*Copies of all documents to be self attested.

<p>I. General</p> <p><input type="checkbox"/> Passport size photo <input type="checkbox"/> PAN Card</p> <p><input type="checkbox"/> Signed across <input type="checkbox"/> Pan Verification</p> <p><input type="checkbox"/> Clients signature on all required Places</p> <p><input type="checkbox"/> In person verification stamp on all docs (Individuals)</p> <p><input type="checkbox"/> Original seen and verified stamp on all docs</p> <p><input type="checkbox"/> Witness Signature <input type="checkbox"/> All Copies Self Attested</p> <p><input type="checkbox"/> Agreement Date <input type="checkbox"/> Financial Documentary Proof</p> <p>II. Proof of Identify</p> <p>Holders: <input type="checkbox"/> 1st holder <input type="checkbox"/> 2nd holder <input type="checkbox"/> 3rd holder</p> <p><input type="checkbox"/> PAN card with Photograph <input type="checkbox"/> UID (Aadhaar)</p> <p>Any other Supporting doc; _____</p>	<p>VI. HUF</p> <p><input type="checkbox"/> Pan Card of Karta <input type="checkbox"/> Address Proof of Karta</p> <p><input type="checkbox"/> Pan Card (HUF) <input type="checkbox"/> Deed of Declaration of HUF</p> <p><input type="checkbox"/> Address proof of HUF <input type="checkbox"/> Signature Coparcener on POA</p> <p><input type="checkbox"/> HUF Stamp <input type="checkbox"/> HUF Demat Proof (Trading only)</p> <p><input type="checkbox"/> List of Coparceners <input type="checkbox"/> Photograph of Karta</p> <p><input type="checkbox"/> Bank Pass Book in the name of HUF with latest three months transaction page <input type="checkbox"/> Bank Statement in the name of HUF (Latest 3 Months)</p>
<p>III. Proof of Permanent Address</p> <p>Holders: <input type="checkbox"/> 1st holder <input type="checkbox"/> 2nd holder <input type="checkbox"/> 3rd holder</p> <p><input type="checkbox"/> Ration Card <input type="checkbox"/> Valid Passport</p> <p><input type="checkbox"/> Voter ID <input type="checkbox"/> Valid Driving License</p> <p><input type="checkbox"/> Bank Passbook (Not more than 3 months old) <input type="checkbox"/> Electricity Bill (Not more than 3 months old)</p> <p><input type="checkbox"/> Land line Bill (Not more than 3 months old) <input type="checkbox"/> Bank Statement (Not more than 3 months old)</p> <p><input type="checkbox"/> Registered Lease or Sale Agreement <input type="checkbox"/> Bank Verification Letter</p> <p>Any other Supporting doc: _____</p>	<p>VII. Corporate</p> <p><input type="checkbox"/> MOA, AOA & COI <input type="checkbox"/> Certified copy of BR</p> <p><input type="checkbox"/> Photo of Directors <input type="checkbox"/> Company PAN</p> <p><input type="checkbox"/> Company Address Proof <input type="checkbox"/> Form 32 OR DIR 12</p> <p><input type="checkbox"/> Form 18 <input type="checkbox"/> Authorised Directors's Address Proof</p> <p><input type="checkbox"/> All Director's PAN <input type="checkbox"/> IT Returns</p> <p><input type="checkbox"/> Last 2 Years Financials (to be Submitted every year) <input type="checkbox"/> New Company-Network Certificate</p> <p><input type="checkbox"/> Copy of latest holding pattern (to be Submitted every year) <input type="checkbox"/> PAN of Individual Promoters</p> <p><input type="checkbox"/> Authorised signatory list with specimen signatures (On company's letterhead) <input type="checkbox"/> PAN of Person Authorised to deal in Securities</p> <p><input type="checkbox"/> Ultimate beneficiary owner <input type="checkbox"/> Address proof and PAN of person having shareholding of 25% or more</p>
<p>IV. Proof of Correspondence address</p> <p><input type="checkbox"/> Ration Card <input type="checkbox"/> Valid Passport</p> <p><input type="checkbox"/> Voter ID <input type="checkbox"/> Valid Driving License</p> <p><input type="checkbox"/> Bank Passbook <input type="checkbox"/> Electricity Bill (Not more than 3 months old)</p> <p><input type="checkbox"/> Land line Bill (Not more than 2 months old) <input type="checkbox"/> Bank Statement (Not more than 3 months old)</p> <p><input type="checkbox"/> Sell Agreement <input type="checkbox"/> Leave & Licence Agreement (Not more than 3 months old)</p> <p><input type="checkbox"/> Bank Verification Letter</p>	<p>VIII. Demat / Comtrack / ComRIS Proof (Latest of 1 year - Only for Trading)</p> <p><input type="checkbox"/> Client Master <input type="checkbox"/> Welcome Letter</p> <p><input type="checkbox"/> DP Statement</p> <p><input type="checkbox"/> Transaction cum Holding Statement</p>
<p>V. Bank Proof With MICR Code (HUF, NRI, Corporate)</p> <p><input type="checkbox"/> Cancelled cheque <input type="checkbox"/> Bank Statement</p> <p><input type="checkbox"/> Pass book <input type="checkbox"/> Letter from bank</p>	<p>IX. Partnership A/c</p> <p><input type="checkbox"/> Identity Proof (all partners) <input type="checkbox"/> PAN of Firm</p> <p><input type="checkbox"/> Partnership Deed copy (Notarised) <input type="checkbox"/> Address proof of Firm</p> <p><input type="checkbox"/> PAN of Partners <input type="checkbox"/> Address Proof (all partners)</p> <p><input type="checkbox"/> Consent letter signed by all partners for opening trading/Demat Account with names and specimen signatures of partners authorised to operate the trading account (On firm's letterhead) <input type="checkbox"/> Signatory Letter</p> <p><input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Photos of Partners</p> <p><input type="checkbox"/> Certificate copy of board resolution <input type="checkbox"/> Copy of Balance sheet for last 2 yrs</p>
<p>XI. Financial Documentary Proof</p> <p><input type="checkbox"/> Copy of ITR Acknowledgement</p> <p><input type="checkbox"/> Copy of Annual Accounts</p> <p><input type="checkbox"/> Copy of Form 16 in case of salary income</p> <p><input type="checkbox"/> Net worth certificate</p> <p><input type="checkbox"/> Salary Slip</p>	<p>X. Trust</p> <p><input type="checkbox"/> Copy of Balance sheet for last 2 yrs <input type="checkbox"/> Certificate copy of board resolution</p> <p><input type="checkbox"/> Certificate of Registration <input type="checkbox"/> List of trustees certified by managing trustees / CA</p> <p><input type="checkbox"/> Trust Deed copy (Notarised) <input type="checkbox"/> Address Proof (all trustees)</p> <p><input type="checkbox"/> PAN of trustees <input type="checkbox"/> Photos of trustees</p> <p><input type="checkbox"/> PAN of trustees <input type="checkbox"/> PAN of Trust</p> <p><input type="checkbox"/> PAN of trustees <input type="checkbox"/> Address proof of Trust</p>
<p><input type="checkbox"/> Bank account statement for last 6 months</p> <p><input type="checkbox"/> Copy of demat account Holding statement.</p> <p><input type="checkbox"/> Any other relevant documents substantiating ownership of assets.</p> <p><input type="checkbox"/> Self declaration along with relevant supporting</p>	

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/PIOCard/OCICard 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 a mandatory requirement for all applicants except those who are specially 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 FI/sub account, Power of Attorney given by FI/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, FIs, 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.

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary whole time director/MD (to be submitted every year) • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly • Copies of the Memorandum and Articles of Association and certificate of incorporation • Copy of the Board Resolution for investment in securities market • Authorised signatories list with specimen signatures
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered partnership firms only) • Copy of partnership deed • Authorised signatories list with specimen signatures • Photograph, POI, POA, PAN of Partners
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered trust only). Copy of Trust deed • List of trustees certified by managing trustees/CA • Photograph, POI, POA, PAN of Trustees
HUF	<ul style="list-style-type: none"> • PAN of HUF • Deed of declaration of HUF/List of coparceners • Bank pass-book/bank statement in the name of HUF • Photograph, POI, POA, PAN of Karta
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document • Resolution of the managing body & Power of Attorney granted to transact business on its behalf • Authorized signatories list with specimen signatures
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years • Authorized signatories list with specimen signatures
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate • Authorized signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead • Authorized signatories list with specimen signatures
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act • List of Managing Committee members • Committee resolution for persons authorised to act as authorised signatories with specimen signatures • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary

IN PERSON VERIFICATION

Particular	Documents 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 client 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 Authorised Signatory

Date: _____

Seal / Stamp of the Stock Broker

KINDLY ENSURE BELOW MENTIONED SIGNATURES ARE PROPERLY SIGNED TO AVOID REJECTION OF FORMS.

Authorised Signature Index

Page No.	First Authorised Sign.	Second Authorised Sign.	Third Authorised Sign.
Index Page 5	FA 1	-	-
6	FA 2 to FA 6	-	-
7	FA 7	-	-
8	FA 8	-	-
11	FA 9	SA 1	TA 1
15	FA10 & FA 11	-	-
16	FA 12	-	-
17	-	SA 2 & SA 3	-
18	-	SA 4	-
19	-	-	TA 2 & TA 3
20	-	-	TA 4
22	FA 13	-	-
25	FA 14	SA 5	TA 5
26	FA 15	-	-
27	FA 16	-	-
28	FA 17	-	-
29	FA 18	-	-
32	FA 19	-	-
DDPI	FA 1 To FA 4	SA 1 To SA 4	TA 1 To TA 4

Full Signature Required, do not put initials or short signature

I N D E X		Mandatory
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Particulars	Significance	Page No.
Instructions	Checklist, Instructions for filling KYC Form, IPV, Signature Index – Document Index	1-5
Know Your Client KYC Form and Tariff Sheet	Profile of Client with Photograph along with details of Banking & DP, Annual Income, Experience and Preferred Segment of Dealing by Client, Introducers’ details, CDSL T&C & Document detailing, Rate/amount of brokerage and other charge(s), FATCA Declaration	6-25

I N D E X		Voluntary
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HUF Declaration	Declaration of Coparceners for HUF.	26
DP Tariff (Mandatory for DP)	DP Tariff Structure	27
Authority for Running Account Authorization for receipt of contract notes, bills statement of funds and Securities etc in digitally signed Electronic Form Format for registration for availing SMS Facility Undertaking Cum authority Letter Authority letter for adjustment for funds and securities in different Segment & Exchanges Proprietary Trading Disclosure Client Defaulter Declaration Authority for Mobile Trading Facility Format for registration for Mutual Fund Service System (MFSS) Facility Acknowledge From Client	Authority letter for maintaining running account with Broker for both funds and securities by clients. Authorization for receipt of contract notes, bills, Statements of Funds and Securities etc. in digitally signed Electronic Form. Registration form for availing SMS facility pertaining to trading account. General authority to broker to facilitate ease of operation while trading Authority to broker for adjustment for funds and securities in different Segment and Exchanges. Proprietary Trading Disclosure Undertaking by client that he has not been declared as defaulter by SEBI / Various Exchanges / Regulatory bodies /CIBIL etc. Securities Trading Using Wireless Technology Registration form for availing Mutual Fund facility. Acknowledgement from Client for receiving copy of mandatory documents prescribed by SEBI and voluntary documents	28-32

Mandatory Documents in Separate Booklet as prescribed by SEBI
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Rights and Obligations	Document stating the Rights & Obligations of stock broker / trading member, Authorised Person and client for trading on exchanges (including additional rights & obligations in case of interest / wireless technology based trading).	1-8
Combined Risk Disclosure Document	Risk Disclosure Documents (RDD) for (Capital market & Futures & Options segment and Currency Derivatives Segments) contains about brief of risk involved i.e. basic and other related risks in Capital Market.	9-14
Guidance Note	Do's and Don'ts for trading on exchange for education of investors.	15-17
Policies and Procedures	Document describing significant policies and procedures of the stock broker.	18-21
Rights and Obligations for opening Demat Account	Rights and Obligations of Beneficial Owner and Depository Participant	22-25
Proprietary Trading Disclosure	Disclosure of proprietary trading to clients by Broker	26
Bank verification	Format of letter to be obtained from bank for verification of signature, address, identity and bank details.	27
Investor Charter	Investor charter of DP and Stock Broker (Separately Attached)	

I / We have fully understood the distinction and details regarding the Mandatory / Voluntary and do hereby enter and sign the same and agree not to call into question the validity, enforce the ability and applicability of any voluntary agreement(s) / documents(s) or clauses within any voluntary / optional agreement(s) / document(s) under any circumstances whatsoever.

FA 1
XX

First Authorised Signatory
Signature with Stamp

CLIENT PROFILE

Mandatory

Equity : Speculative Hedging Investment
 Investment Experience : No Prior Experience Years in Stocks Years in Derivatives
 Years in Commodities Years in any other investment related field.

Trading Preferences*

Please Sign in the relevant box only where you wish to Trade and strike off the segment not chosen by you.
Sign in the First Box only If you wish to Trade in All Segments.

Exchanges : BSE & NSE

All Segment	Cash / Mutual Funds / SLBM	F & O	Currency
FA 2 XX First Authorised Signatory	FA 3 XX First Authorised Signatory	FA 4 XX First Authorised Signatory	FA 5 XX First Authorised Signatory

***If you do not wish to Trade in any of the Segments / Mutual Fund / SLBM, please mention below.**

*In future the clients wants to trade in any new segment/new exchange, separate authorisation/letter should be provided.

*For SARAL Account please sign in FA 3 and FA 6 box only

DP CDSL	FA 6 XX First Authorised Signatory
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Savashare Clients (Internet and Mobile Trading)

Whether you wish to avail the facility of internet trading / wireless technology Yes No

Type of Product : WEB (EXE application having one time license fee.)

Dealing through Remisier/Authorised Person/Branch

Name _____ Branch Code _____

Regd. Office Address _____

Mobile No. _____ Phone No. _____ Email ID _____

Authorised Person (AP) _____ Authorised Person (AP) _____
 Regn. No. NSE _____ Regn. No. BSE _____

Introduction (Optional)

The details furnished by Applicant is true to the best of my knowledge and belief.

Name _____

Address _____

Relation with client _____ Relation with TM. _____ Phone No. _____

Introducer's Trading A/c. _____ DP Account : **BO ID No.** 12028900

Introducer Status : Remisier Authorised Person Existing Client Others _____

Date _____

(Introducer Signature) In case of Firm,
 Corporate please affix company seal

**Know Your Client (KYC)
Application Form (For Non-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

Application Number:

Application Type*: **New KYC** **Modification KYC**

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card CIN _____

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II
 AOP Bank Government Body Defence Establishment
 Body of Individuals Society LLP
 Non-Government Organization
 Others _____

2. Proof of Identity⁺ (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
- Activity Proof -1⁺ (For Sole Proprietorship Only) Activity Proof -2⁺ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Name & Signature of First Authorized Signatory with Applicant's Stamp

**FA 7
XX**


Name of the Authorized Signatory

Proof of Address* (attested copy of any one POA to be submitted—"Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

5. Annexures SubmittedNumber of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

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

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

DATE: _____ (DD-MM-YYYY) PLACE: _____

Name & Signature of First Authorized Signatory with Applicant's StampFA 8
XX
☞

x

Sign Here

Name of the Authorized Signatory

8. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____	AMC / Intermediary Name : Sushil Financial Services Private Limited
Emp. Code _____	<input type="checkbox"/> Self certified document copies received (OVD)
Emp. Designation _____	<input type="checkbox"/> True Copies of documents received (Attested)
Name of Organization _____	
Emp. Signature _____	
KYC / IPV Date _____	

Note: In case of any correction, sign next to the correction done. Do not use white ink. QR code must be clearly visible on Aadhar proof.

This space is intentionally kept blank

Additional KYC Form for Opening a Demat & Trading Account (For Non Individual)

Sushil Financial Services Pvt. Ltd. 12, Homji Street, Fort, Mumbai - 400 001. Depository Participant of Central Depository Services (I) Ltd. (CDSL) SEBI Registration No: IN-DP-504-2020	Application No.					
	Date					

DP Internal Reference No.																	
DP ID										Client ID							

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

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

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

Type of Account (Please tick whichever is applicable)											
Status										Sub – Status	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____										To be filled by the DP	
SEBI Registration No. (If Applicable)		SEBI Registration date									
RBI Registration No. (If Applicable)		RBI Approval date									
ROC Registration No. (If Applicable)		ROC Approval date									
Nature of Business		Date of Commencement of Business									
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____										
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	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly										
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID										<input 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 would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)											

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	

I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

➔ Detail of any action taken/Proceedings initiated/Pending/Intiated by SEBI / Stock exchange/ any other Authority against the applicant/constituent or it's partners/promoters/whole time directors/authorised persons in charge of dealing in securities during the last three years.

No Action taken Action taken Please give details if any :.....

GOODS & SERVICE TAX No.	
------------------------------------	--

Goods & Service Tax as per Government Notification

#Bank Details : (This will be default for Trading Account)

DEFAULT	Bank Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others _____
Bank Name : _____	
Bank Account No.	Account Opening Date
<input type="text"/>	<input type="text"/>
IFSC Code (For NEFT / RTGS) : <input type="text"/>	MICR Code <input type="text"/>
Bank Branch Address	
City	State
<input type="text"/>	<input type="text"/>
Pin Code	<input type="text"/>

OPTIONAL	Bank Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others _____
Bank Name : _____	
Bank Account No.	Account Opening Date
<input type="text"/>	<input type="text"/>
IFSC Code (For NEFT / RTGS) : <input type="text"/>	MICR Code <input type="text"/>
Bank Branch Address	
City	State
<input type="text"/>	<input type="text"/>
Pin Code	<input type="text"/>




Please Ensure

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

Other Details	
Gross Annual Income Details Please provide valid documentary proof. (Mandatory for F&O/ Currency segment)	Income Range per annum: <input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000
	Net worth as on (Date) D D M M Y Y Y Y Rs [Net worth should not be older than 1 year]
<input type="checkbox"/> Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) . Please provide details as per Annexure2.2 A.	
Any other information:	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _ _ _ _ _ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

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

	First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature	FA 9 XX 	SA 1 XX 	TA 1 XX 

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

This space is intentionally kept blank

DP Details : (Mandatory for Equity Segment)

(SUSHIL DP is mandatory for E-Broking)

DEFAULT

CDSL Client / B.O. ID

DP ID DP Name

NSDL Client / B.O. ID DP ID I N

DP Name

OPTIONAL

CDSL Client / B.O. ID

DP ID DP Name

NSDL Client / B.O. ID DP ID I N

DP Name

Note:
Client Master Copy Required

Details of DP Scheme and Brokerage(Tariff)

DP Scheme		Scheme Code	1st LEG (%)	MIN - 1st LEG Rs. / Paise	2nd LEG (%)	MIN - 2nd LEG Rs. / Paise	Min Brok. Amt. (Option)
Cash	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Derivatives Future	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Derivatives Option	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currency Future	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MFSS	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SLB	Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Settlement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note :- An additional charges of Rs. 2.50 and statutory charges as applicable from time to time will be applicable per unique order executed though online trading platforms i.e. Mobile & Internet Trading.

For OCBs (Only if the Sole / First Holder is an OCB)

Foreign Address

Indian Address

City

City

State

State

Country

Country

Pin

Pin

Tel.

Tel.

Fax

Fax

Email

Email

Currency

RBI Ref. No.

RBI Appl. No.

Nationality : Indian Others (specify)

Clearing Members Details (To be filled by CM's only)

Name of the Stock Exchange

Name of the CC / CH

Trading ID

Clearing Member ID

Registration with Other Broker / Exchanges

	Broker Name	Exchange	Client Code
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

The information furnished above is true to the best of my/our knowledge and belief. I/We undertake to inform changes if any of the above points in writing immediately to the Broker/Exchange

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Know Your Client (KYC)

Application Form (For Non-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

Application Number:

Application Type*: **New KYC**

Modification KYC

1. Identity Details of Related Person (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

Nationality* Indian Other _____ Qualification _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed official proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Recent passport size photo of Applicant / Related Person First Authorised Signatory

Please Sign Across

FA 10 XX

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

A — Aadhaar Card XXXX XXXX _ _ _ _

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Please tick Not Applicable Politically Exposed Person Related to a Politically Exposed Person

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Signature of Applicant / Related Person with stamp

FA 11 XX

First Authorised Signatory

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 ____ _
 B — Passport Number _____ (Expiry Date) _____
 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 details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address.
 I/We are also aware that for Aadhar OVD based KYC, my/our KYC request shall be validated against Aadhar details. I/We hereby consent to share my/our masked Aadhar card with readable QR code or my/our Aadhar XML/ Digilocker XML file, along with passcode and as applicable with KRA and other intermediaries with whom I/We have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY) PLACE: _____

Signature of Applicant / Related Person with stamp

FA 12
XX


X
Sign Here

First Authorised Signatory

5. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____ Emp. Code _____ Emp. Designation _____ Name of Organization _____ Emp. Signature _____ KYC / IPV Date _____	AMC / Intermediary Name : Sushil Financial Services Private Limited <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)

Note: Incase of any correction, sign next to the correction done. Do not use while ink. QR code must be clearly visible on Aadhar proof.

Know Your Client (KYC)

Application Form (For Non-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

Application Number:

Application Type*: **New KYC** **Modification KYC**

1. Identity Details of Related Person (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

Nationality* Indian Other _____ Qualification _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed official proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Recent passport size photo of Applicant / Related Person Second Authorised Signatory

Please Sign Across

SA 2 XX

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

A — Aadhaar Card XXXX XXXX _ _ _ _

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Please tick Not Applicable Politically Exposed Person Related to a Politically Exposed Person

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Signature of Applicant / Related Person with stamp

SA 3 XX

Second Authorised Signatory

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 ____ _
 B — Passport Number _____ (Expiry Date) _____
 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 details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address.
 I/We are also aware that for Aadhar OVD based KYC, my/our KYC request shall be validated against Aadhar details. I/We hereby consent to share my/our masked Aadhar card with readable QR code or my/our Aadhar XML/ Digilocker XML file, along with passcode and as applicable with KRA and other intermediaries with whom I/We have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY) PLACE: _____

Signature of Applicant / Related Person with stamp

SA 4
XX


X
Sign Here

Second Authorised Signatory

5. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____ Emp. Code _____ Emp. Designation _____ Name of Organization _____ Emp. Signature _____ KYC / IPV Date _____	AMC / Intermediary Name : Sushil Financial Services Private Limited <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)

Note: Incase of any correction, sign next to the correction done. Do not use while ink. QR code must be clearly visible on Aadhar proof.

Know Your Client (KYC)

Application Form (For Non-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

Application Number:

Application Type*: **New KYC** **Modification KYC**

1. Identity Details of Related Person (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

Nationality* Indian Other _____ Qualification _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed official proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Recent passport size photo of Applicant / Related Person Third Authorised Signatory

Please Sign Across

TA 2 XX

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

A — Aadhaar Card XXXX XXXX _ _ _ _

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Please tick Not Applicable Politically Exposed Person Related to a Politically Exposed Person

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Signature of Applicant / Related Person with stamp

TA 3 XX

Third Authorised Signatory

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 _____
 B — Passport Number _____ (Expiry Date) _____
 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 details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address.
 I/We are also aware that for Aadhar OVD based KYC, my/our KYC request shall be validated against Aadhar details. I/We hereby consent to share my/our masked Aadhar card with readable QR code or my/our Aadhar XML/ Digilocker XML file, along with passcode and as applicable with KRA and other intermediaries with whom I/We have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY) PLACE: _____

Signature of Applicant / Related Person with stamp

TA 4
XX


X
Sign Here

Third Authorised Signatory

5. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____ Emp. Code _____ Emp. Designation _____ Name of Organization _____ Emp. Signature _____ KYC / IPV Date _____	AMC / Intermediary Name : Sushil Financial Services Private Limited <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)

Note: In case of any correction, sign next to the correction done. Do not use while ink. QR code must be clearly visible on Aadhar proof.

UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Listed Company (Need not provide UBO details sought under) Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person	#Tax ID Type - TIN or Other, please specify	Address - Include State, Country, PIN / ZIP Code & Contact Details
#Country - Tax Residency*	Beneficial Interest - in percentage	
#Tax ID No. - Or functional equivalent for each country*	#Type Code ¹ - of Controlling person	
1. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
2. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
3. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN	Occupation Type - Service, Business, Others	DOB - Date of Birth	
City of Birth	Nationality	Gender - Male, Female, Other	
Country of Birth	Father's Name - Mandatory if PAN is not available		
1. PAN	Occupation Type	DOB DD/MM/YYYY	
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
Country of Birth	Father's Name		
2. PAN	Occupation Type	DOB DD/MM/YYYY	
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
Country of Birth	Father's Name		
3. PAN	Occupation Type	DOB DD/MM/YYYY	
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
Country of Birth	Father's Name		

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:
 * To include US, where controlling person is a US citizen or green card holder
¹⁶In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

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

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

Certification

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

Name	<input style="width: 100%;" type="text"/>
Designation	<input style="width: 100%;" type="text"/>
Signature >> 	<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> Place _____ Date / / _____
First Authorised Signatory Signature with Stamp	

**Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL
(Annexure 2.4 of Operating Guidelines)**

[SMS Alerts will be sent by CDSL to BOs for all Debits]

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 accountholders 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.

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 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.

Sub: Declaration of Coparceners for HUF.

Mandatory For HUF

I the undersigned, hereby declare that following are the list of members of HUF as on _____

1	Name	Sex	Relationship	Date of Birth
	Correspondence / Permanent Address (Please attached Proof):		Photo Identity(PleaseattachedProof):	
			Pan no. :	
			Date of Issue: / /	
			Place of Issue:	
			Contact no :	
2	Name	Sex	Relationship	Date of Birth
	Correspondence / Permanent Address (Please attached Proof):		Photo Identity(PleaseattachedProof):	
			Pan no. :	
			Date of Issue: / /	
			Place of Issue:	
			Contact no :	
3	Name	Sex	Relationship	Date of Birth
	Correspondence / Permanent Address (Please attached Proof):		Photo Identity(PleaseattachedProof):	
			Pan no. :	
			Date of Issue: / /	
			Place of Issue:	
			Contact no :	
4	Name	Sex	Relationship	Date of Birth
	Correspondence / Permanent Address (Please attached Proof):		Photo Identity(PleaseattachedProof):	
			Pan no. :	
			Date of Issue: / /	
			Place of Issue:	
			Contact no :	
5	Name	Sex	Relationship	Date of Birth
	Correspondence / Permanent Address (Please attached Proof):		Photo Identity(PleaseattachedProof):	
			Pan no. :	
			Date of Issue: / /	
			Place of Issue:	
			Contact no :	

Any changes in the composition of the HUF shall be duly informed to you.

Thanking You,
Yours Faithfully

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First Authorised Signatory
(Name, Sign & Stamp of Karta)

Note :- All the attached proof must be self attested.
In case of more coparceners use copy of this page.

Sushil Financial Services Private Limited
Depository Tariff Plan (Please select the scheme)

Basic Service Demat Account (BSDA) Facility Required Yes No

Mandatory for DP

SCHEME	INVESTOR <input type="checkbox"/>	ECONOMY <input type="checkbox"/>	CLASSIC(Only with Auto Pay In POA) <input type="checkbox"/>	PREMIUM <input type="checkbox"/>
Particulars				
A) Documentation charges	NIL	NIL	NIL	NIL
B) Account Maintenance** (AMC)	Rs. 400/- (Only First Year)	Rs. 300/-	Rs. 1049/-	NIL
Advance (Documentation + AMC) (A+B)	Rs. 400/-	Rs. 300/-	Rs. 1049/-	Rs. 3700/- (Deposit), Rs.3300/-, will be refunded on closing of the account
Dematerialisation	Rs. 75/- per request +Rs. 10/- per certificate	Rs. 75/- per request +Rs.10/- per certificate	Rs. 75/- per request +Rs.10/- per certificate	Rs. 75/- per request +Rs. 10/- per certificate
Transaction Charges				
Within SFSP Off Mkt. Transaction	Min Rs.15 or .04%	Min Rs.15 or .04%	Min Rs.15 or .04%	Min Rs.15 or .04%
Within SFSP On Mkt Transaction	Rs.35/- or .05%	Min Rs.20 or.04%	NIL	Rs. 25/-
Outside SFSP (Sell)	Min Rs.35/or .04%	Min Rs.35/or .04%	Min Rs.35/or .04%	Min Rs.35/- or .04%
Rematerialisation	35/-	35/-	35/-	35/-
Pledge Creation	35/-	35/-	35/-	35/-
Pledge Closure	35/-	35/-	35/-	35/-
Pledge Invocation	Nil	Nil	Nil	Nil

- ▶ Transaction and holding statement will be mailed once in a month FREE of cost.
- ▶ Rates are subject to revision from CDSL. ▶ Statutory charges as applicable.
- ▶ Additional Statement will be charge @Rs10 per request.
- ▶ For CORPORATE Accounts** additional Rs.500/- P.A. will be charged for AMC.

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First Authorised Signatory
Signature with Stamp

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To,
Sushil Financial Services Private Limited
Regd. Office: 12, Homji Street, Fort, Mumbai - 400 001.

Date : _____

Dear Sr,

Subject : KYC Document Booklet & Declaration for opening Trading and Depository Account

1. I/we have furnished all the details required in the KYC form as per SEBI/Exchange/DP requirements. I confirm having read/been explained and understood the contents of the KYC documents which are provided to me in separate booklet. The KYC document booklet includes the following:
 - a) Rights and Obligations of the parties (including additional rights and obligations in case of internet and wireless technology based trading) prescribed by SEBI and Stock exchanges
 - b) Uniform Risk Disclosure Documents (RDD) prescribed by SEBI and Stock exchanges
 - c) Guidance note detailing Do's and Don'ts for trading in the Stock Exchanges
 - d) Policies and Procedures as prescribed by SEBI)
 - e) Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients
 - f) Instruction Checklist for opening both trading and demat account
 - g) Internet & Wireless Technology based Trading facility provided stock brokers to clients
 - h) General Information for both trading & demat account
 - i) KYC Document Booklet and Declaration
 - j) Investor Charter of DP and Stock Broker
2. I/we understand and agree that any amendment/modifications as required by the exchanges/DP and/or regulators will be applicable to me at all point of time.
3. I/we understand that the KYC document booklet is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening trading/DP account.
4. I/we have received the booklet with above mentioned contents.
5. I/we 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 termination and suitable action.
6. I/we confirm having read/been explained and understood the contents of documents in policy and procedure, Rights and obligations documents, Risk disclosure documents and demat tariff sheet and I/we do hereby agree to bound by such provisions as outlined in these documents. I/we have also been informed that a standard set of documents has been displayed for information on Stock Broker's / Depository Participant's designated website.
7. I/we have received and read copy of all above documents and agree to abide by the same and by the byelaws as in force from time to time.
8. I / We also agree to furnish such other information and/or documents as and when you and/ or the Exchanges and/or the SEBI may require from me /us. I/ We agree that if I/We fail to give such information, you shall have the right to cancel my /our registration and debar me/us from doing business both in the Capital Market (Cash) and Derivative Market (F&O) / Currency and Mutual Fund Segment of the Exchanges. I/We am/are aware that I/we may be held liable for the appropriate action.
9. I /We hereby declare that I / We have complied with, and will continue to comply with FEMA regulations and other applicable laws as per the requirement. (Applicable only for NRI clients)

Date		Place	
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*First Authorised Signatory
Signature with Stamp

Voluntary Documents

Date : _____

To,
Sushil Financial Services Private Limited
Regd. Office: 12, Homji Street,
Fort, Mumbai - 400 001.

Sub : Authority Letter for Running Account

Yes

No

1. I/We hereby state that I/we are aware of the norms relating to Pay-in & Pay-out of Funds and Securities. In order to facilitate operations and banking convenience, I/We hereby authorize you to maintain my/our fund account with you on a running account basis instead of daily settlement of funds due to me/us. Further, the pay-out of funds may be retained by you for the purpose of margins/exposures/collateral/any other obligations due to you. I/We also understand and agree that any credit amount lying with you will not attract any interest. I/We further understand that in case of non-payment of dues by me/us upto T+1 day, the securities received towards payout which are not paid fully by me/us, those securities may be transferred to my/our demat accounts and auto pledge (without any specific instruction from me/us) shall be created in favour of "CLIENT UNPAID SECURITIES PLEDGE ACCOUNT (CUSPA)" as applicable from time to time. Further if at any time the I/we fails to meet the funds pay-in obligation within five trading days (5) from pay-out day(T+1) as per prescribed guidelines, then you shall liquidate the securities in the market to recover the debits/dues in my/our account including the penalty/interest /DP charges/ any other charges etc.
2. I/We further understand that in case of non-payment of dues by me/us upto T+1 day, the securities received towards payout may be retained by you in the Client Unpaid Securities Accounts (CUSA) as per the applicable guidelines.
3. On my/our specific request you may release the funds due to me/us. While doing the funds settlement, you may retain the funds towards any outstanding obligations including such funds towards any other unbilled services/charges etc. on the settlement date and may also retain the funds expected to meet margin obligations calculated in the manner specified by the SEBI/ exchanges. The excess funds may be released to me /us at the time of funds settlement as per my/our given preference.
4. I/We hereby agree that you will settle my/our account of funds at least once in a calendar quarter/month. While settling the account you will send, in physical or electronic form, the "Retention Statement". I/we agree to bring to your notice any dispute arising from the 'Retention Statement' or settlement within 5 working days from the date of receipt of the same, failing which it is agreed by me/us that the "Retention Statement" as issued by you is proper and correct.

My/Our preference for actual settlement of Funds is a least: Calendar

Once in Calendar Quarter Once in a Calendar Month

5. I/We understand that I/we may revoke this Authority at any point of time.
6. I/We shall be liable for all losses, damages and actions which may arise as a consequences of your adhering to and carrying out my/our directions given above and further agree that you shall not be liable for any claim for loss or profit or for any consequential, incidental, special or exemplary damages, caused by retention of such Funds in this regard.

Date		Place	
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First Authorised Signatory
Signature with Stamp

Voluntary Documents

To,
Sushil Financial Services Private Limited
Regd. Office: 12, Homji Street, Fort, Mumbai - 400 001.

Sub: Mutual Fund Service System (MFSS) facility

I/We am/are registered as your client and have agreed to policy & procedure as prescribed by Sebi for the purpose of trading in the Capital Market segment of Bombay Stock Exchange Limited (BSE). We am/are interested in availing the MFSS facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the MFSS of the Exchange.

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

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated 2nd December 2009 of BSE and 24th November 2009 of NSE and as may be specified by the Exchange from time to time in this regard.

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

I/We shall read and understand the contents of the 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.

1) Sub: Authorisation for receipt of contract notes, bills, statement of funds / DP statement and securities etc. in digitally signed electronic form. Yes No

I/We understand that, I/we have the option to receive the contract notes, bills, statement of funds and securities etc. in any form (Physical or Electronic). I/We agree to receive contract notes, bills, statement of funds and securities etc. in electronic form for all trades /transactions executed through you at the email id(s) registered with you, as per the below mentioned terms and conditions:

1. My/our non-verification or non-accessing of my/our email on regular basis shall not be a reason for dispute at any time.
2. I/We confirm that contract notes, bills, statement of funds and securities etc. sent by you from time to time to my/our email ids shall be deemed to have been delivered to me and it shall be presumed that the same is in order.
3. Non-receipt of bounced mail notification by you shall amount to delivery at the e-mail Id(s) registered with you.
4. In case of any failure in system at your end, contract notes, bills, statement of funds and securities etc. will be issued in physical form and sent to my/our correspondence address, which shall be binding on me/us.
5. I/We hereby confirm that any change in e-mail id will be communicated through duly signed physical letter to you. However, if I/we am/are an internet client then in that event the request for change in email id(s) can be made by me/ us through a secured access using client specific user id and password.

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 as given above.

2) Sub : Registration for availing SMS Facility Yes No

I/We hereby confirm that my/our Mobile No. as mentioned in KYC and hereby authorize you to send service messages / information / alerts / calls pertaining to my/our trading Account maintained with you.

I/We further authorise you to send all research, recommendations and follow-ups through SMS on my/our above mentioned mobile number.

I/We agree further that above facility offered to me/us is in addition to the existing usual facilities and in no way I/we will hold the Company responsible for the late-receipt or non-receipt etc. of the above.

I/We also agree that I/we shall be solely responsible for all trading done by me/us, based upon the recommendations, sent to me/us through above said service and I/we also understand that the information contained therein does not constitute an offer to Buy or Sell any securities and such information shall be used by me/us at my/our own risk therefore, & the Company or the Employees of the Company shall be in no way responsible for any direct or indirect losses arising from the use thereof.

Voluntary Documents

3) Authority letter for Adjustment of funds and securities in Different Segment & Exchanges

Yes No

I/We shall be buying/selling/trading in securities, derivatives, currency instruments across various segments of various Exchanges through your company and for the consideration thereof, shall have to make payments and a situation may emerge when accounts may show a debit balance in my/our running account with a segment of an Exchange and a credit balance in my/our running account with another segment of an Exchange. With a view to efficiently utilize the funds, you are hereby authorized to transfer the surplus funds from one segment to another segment of an Exchange/your company, whenever the need arises.

I/We further authorize you to adjust/appropriate any/all my/our delivery of securities on inter- settlement basis for all the instances where any/all securities purchased by me/us are still lying with you on my/our account. I / We agree that such inter settlement adjustment may be in the same Stock Exchange or across the Exchanges.

4) Undertaking cum Authority Letter

1. You are authorized to transfer money kept as Initial Margin to Mark to Market Margin or vice versa as and when required by you. I / We am/are also liable to pay special margin or such other margin, as considered necessary by you or the Exchange from -time to time.
 2. I/We authorize you to charge interest at the rate as 21% p.a. for any delay in the payment of obligation, margin or any other sums due to you.
 3. I/We request you to consider my/our telephonic or Oral or SMS or any other electronic mode instructions for order placing/ order modification/order cancellation as a written instruction and give us all the confirmation on telephone or Oral or SMS or any other electronic mode unless instructed otherwise in writing. I/We am/are getting required details from contract issued by you.
 4. I/We agree that the you shall not be liable or responsible for non execution of the orders placed through trading terminals/ website or through any other mode due to the failure of any system or link or any other reason whatsoever and I/We understand that you reserve the right of refusing to execute any particular transaction.
 5. I/We acknowledge receipt of intimation with regards to your business volumes comprising of client as well as proprietary trades.
 6. I/We acknowledge receipt of the Cash, Future & Options and Currency Derivatives Risk Disclosure Documents and have understood the same.
-

5) Disclosure for information for pro account trading.

I acknowledge the receipt of information given above by M/s. Sushil Financial Services Private Limited. that they do client based trading and Pro-Account trading.

6) Client Defaulter Declaration

I / We do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI / Various Exchanges / Regulatory bodies / CIBIL / (Credit Information Bureau of India Ltd.) / United Nation Securities Council etc.

I further declare that the above mentioned declaration / statement is true and correct.

Voluntary Documents

7) **Sub: Securities Trading Using Wireless Technology** Yes No

I / We am / are registered as your client and agreed to policy & procedure as prescribed by Sebi for Internet based trading for the purpose of trading in the Capital Market segment, Futures & Options segment of Bombay Stock Exchange Ltd. and National Stock Exchange Ltd.

I / We am / are interested in carrying securities trading through use of wireless technology which shall include devices such as mobile phone, laptop with data card, etc using Internet Protocol (IP).

I / We understand that the terms and conditions applicable to Internet based trading will also be applicable to securities trading through use of wireless technology. I / We am / are made aware by you regarding all the possible risks, responsibilities and liabilities associated with securities trading using wireless technology.


I / We understand that you shall provide information with respect to the addresses of Internet web site / web page where detailed information would be available about securities trading done through the use of wireless technology.

We agree that the information sent by you on your website would be deemed to be a valid delivery of such information by you. The gist of aforesaid information regarding order and trade confirmation shall also be provided to me / us on the device used for securities trading through the use of wireless technology. However detailed information will be available on your website.

I / We am / are aware that authentication technologies and strict security measures are required for the securities trading using wireless technology through order routed system and undertake to ensure that our password is not revealed to any third party.

I / We therefore request you to enable me / us for carrying securities trading through use of wireless technology.

Date		Place	
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First Authorised Signatory
Signature with Stamp



Sushil Financial Services Private Limited.

SEBI Registration No: INZ000165135

Member of Bombay Stock Exchange Ltd. (BSEL)

Member of The National Stock Exchange of India Limited (NSEIL)

Depository Participant of Central Depository Services (I) Ltd. (CDSL)

SEBI Registration No: **IN-DP-504-2020**

Investor Services E-mail ID & Contact

Exchange (S)	Email ID	Contact No.
BSE	is@bseindia.com	022-22728517
NSE	ignse@nse.co.in	18002660058
CDSL	complaints@cdslIndia.com	1800-22-5533

Regd. Off / Correspondence: 12, Homji Street, Fort, Mumbai 400 001. India

Tel: +91-022-4093 6000 Fax: 91-22-2266 5758

Email: info@sushilfinance.com | Website: www.sushilfinance.com

Grievance Email: compliance@sushilfinance.com

Name of Compliance Officer: Mr. Suresh Nemani

Email: suresh.nemani@sushilfinance.com

Tel: +91-22-40935000
