



Sunidhi

Securities & Finance Limited

CIN No.: U67190MH1985PLC037326

EXCHANGE	MEMBER CODE	SEBI REGN. NO.
Bombay Stock Exchange Ltd.	291	INZ000169235
National Stock Exchange of India Ltd.	06764	INZ000169235
Metropolitan Stock Exchange of India Ltd.	1005	INZ000169235
Multi Commodity Exchange of India Ltd.	56910	INZ000169235
National Commodity & Derivatives Exchange Ltd.	1290	INZ000169235
Central Depository Services (India) Ltd.	DP-ID-23500	IN-DP-410-2019
SEBI Registered Research Analyst	-	INH000001329

Registered & Corporate Office Address:

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055.

For any grievance/dispute please contact stock broker Sunidhi Securities & Finance Limited at the above address or Email Id: complaints.redressal@sunidhi.com | Website: www.sunidhi.com

Tel.: (+91-22) 66771777 | 43222777 | Fax: (+91-22) 66771775

In case not satisfied with the response, please contact the concerned exchange(s) at

NSE:	ignse@nse.co.in	022-26598191
BSE:	is@bseindia.com	022-22728097
MSEI:	investorcomplaints@msei.in	022-61129069
CDSL:	complaints@cdslindia.com	1800-21-09911
MCX:	grievance@mcxindia.com	022-67318888
NCDEX:	ig@ncdex.com	022-66406789

Compliance Officer Name: Mahesh Desai

Tel.: (+91-22) 66771777 / 43222777 | Email: maheshdesai@sunidhi.com

NON-INDIVIDUAL CLIENT REGISTRATION FORM

Mr. / Ms. / M/s.:

PAN Number:

E-mail :

Mobile No :

Terminal Code / UCC Code:

CIN Number:

Branch: Group:

Registration Date:

INDEX OF DOCUMENTS

ACCOUNT OPENING KIT

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI AND EXCHANGES

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5	Declaration and Annexure for FATCA / CRS	Additional Information capturing details related to FATCA & CRS	23 - 32
6	Tariff Sheet (for Broking)	Document specifying the rate / amount of Brokerage and other charges to be levied to client on the transactions.	33
7	Tariff Sheet for Depository Services	Document specifying the transaction charges and other charges to be levied to client.	34
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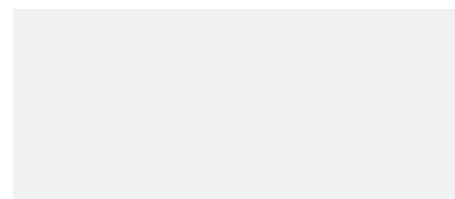
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MANDATORY DOCUMENTS IN SEPARATE BOOKLET AS PRESCRIBED BY SEBI

21	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)
22	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
23	Guidance Note	Do's and Don'ts for trading on exchange for education of investors
24	Policies and Procedures	Document describing significant policies and procedures of the stock broker
25	Rights and Obligations for opening Demat Account	Rights and Obligations of Beneficial Owner and Depository Participant
26	Investor Charter	Investor charter of DP and Stock Broker



**Authorised Signatory
Signature with Stamp**

A. IMPORTANT POINTS:

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

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

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members.
7. For 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 • Authorised 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 • Authorised signatories list with specimen signatures
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate • Authorised signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead • Authorised 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

Important Instructions:

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

**For office use only**

Application Type*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

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

Name*

Entity Constitution Type*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

TIN or Equivalent Issuing Country

PAN *

Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)
☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board / Managing Committee

☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)

☐ Activity Proof - 2 (For Sole Proprietorship Only)
3. ADDRESS* (Please see instruction C at the end)**3.1 Registered Office Address / Place of Business***

Proof of Address*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

ISO 3166 Country Code*

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

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

5. NUMBER OF RELATED PERSONS

(Please refer instruction E at the end)

☐ 6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer Instruction G at the end)

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

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

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

Important Instructions:

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



For office use only

Application Type*

☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

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

☐ Addition of Related Person

☐ Deletion of Related Person

☐ Update Related Person Details

KYC Number of Related Person (if available*)

If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type*

- ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number)

(Mandatory if Related Person Type is Director)

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Form 60 furnished	

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

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

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

☐ PHOTO*


Address

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

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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)

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

Address

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

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

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

2. APPLICANT DECLARATION

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

Date : --Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY

Date --
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
 Code

[Institution Stamp]

A Clarification / Guidelines for filling Entity Details section**1 Entity Constitution Type**

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

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

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

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

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

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

D Clarification / Guidelines for filling 'Contact Details' section

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

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

- 1 Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 5 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

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

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Malta	MT	Singapore	SG
Armenia	AM	Finland	FI	Marshall Island	MH	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Martinique	MQ	Slovakia	SK
Australia	AU	French Guiana	GF	Mauritania	MR	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritius	MU	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mexico	MX	Somalia	SO
Bahamas	BS	Gabon	GA	Moldova, Republic of	MD	South Africa	ZA
Bahrain	BH	Gambia	GM	Monaco	MC	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Mongolia	MN	South Sudan	SS
Barbados	BB	Germany	DE	Montenegro	ME	Spain	ES
Belarus	BY	Ghana	GH	Montserrat	MS	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Morocco	MA	Sudan	SD
Belize	BZ	Greece	GR	Mozambique	MZ	Suriname	SR
Benin	BJ	Greenland	GL	Myanmar	MM	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Namibia	NA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Nauru	NZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Nepal	NP	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Netherlands	NL	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	New Caledonia	NC	Taiwan province of China	TW
Botswana	BW	Guinea	GN	New Zealand	NZ	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Nicaragua	NI	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	Niger	NE	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	Nigeria	NG	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Niue	NU	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Norfolk Island	NF	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Northern Mariana Islands	MP	Tonga	TO
Burundi	BI	Hongkong	HK	Norway	NO	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Oman	OM	Tunisia	TN
Cambodia	KH	Iceland	IS	Pakistan	PK	Turkey	TR
Cameroon	CM	India	IN	Palau	PW	Turkmenistan	TM
Canada	CA	Indonesia	ID	Palestine, State of	PS	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Panama	PA	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Papua New Guinea	PG	Uganda	UG
Chad	TD	Ireland	IE	Paraguay	PY	Ukraine	UA
Chile	CL	Isle of Man	IM	Peru	PE	United Arab Emirates	AE
China	CN	Israel	IL	Philippines	PH	United Kingdom	GB
Christmas Island	CX	Italy	IT	Pitcairn	PN	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Poland	PL	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Portugal	PT	Uruguay	UY
Comoros	KM	Jersey	JE	Puerto Rico	PR	Uzbekistan	UZ
Congo	CG	Jordan	JO	Qatar	QA	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Reunion/Reunion	RE	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Romania	RO	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Russian Federation	RU	Virgin Islands, British	VG
Cote d'Ivoire/Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Rwanda	RW	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Saint Barthelemy/Saint Barthelemy	BL	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Saint Helena, Ascension and Tristan da Cunha	SH	Western Sahara	EH
Curacao/Curacao	CW	Kyrgyzstan	KG	Saint Kitts and Nevis	KN	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Lucia	LC	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Martin (French Part)	MF	Zimbabwe	ZW
Denmark	DK	Lebanon	LB				
Djibouti	DJ	Lesotho	LS				
Dominica	DM	Liberia	LR				

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed (Tick the Applicable)	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



Name & Signature of the
Authorised Signatory(ies)

Date dd / mm / yy

*Incase of PEP/RPEP Annexure 2.2A to be submitted
PEP: Politically Exposed Person
REP: Related to Politically Exposed Person

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed (Tick the Applicable)	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



Name & Signature of the
Authorised Signatory(ies)

Date dd / mm / yy

*Incase of PEP/RPEP Annexure 2.2A to be submitted
PEP: Politically Exposed Person
REP: Related to Politically Exposed Person

Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP). [For-non-individual]

Name of holder _____ PAN of the holder _____

Sr.No	Name of the Authorized signatories / Promoters / Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatories Date ____/____/____

PEP: Politically Exposed Person **RPEP:** Related to politically Exposed Person

TRADING ACCOUNT RELATED DETAILS

A. Bank Account Details

Account Type: ☐ Savings Account ☐ Current Account

Bank Account No.:

Bank Name:

Branch Address:

Others In case of NRI / NRE / NRO:

MICR No.:

IFSC Code:

B. Depository Account Details

Particulars	(1)	(2)	(3)
DP Name:			
DP Address:			
Depository Name:	<input type="checkbox"/> CDSL <input type="checkbox"/> NSDL Others (Please Specify):		
Beneficiary Name:			
DP ID:			
Beneficiary ID (BO ID):			
Default A/c (Any One)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Trading Preferences

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

.....

D. Other Details (More than one attached as annexure)

(For Non-Individuals)

1. Gross Annual Income (Please Tick / Specify):

☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25 Lacs -1 Cr. ☐ 1 Crore & Above

2. Net Worth as on (Date) DD/MM/YYYY (.....)

(Net worth should not be older than 1 year)

3. Details of Promoters / Partners / Karta / Trustee & whole time Directors

Name:.....

PAN No.:.....

Residential Address:

.....

DIN / UID No.:

Please affix
recent
passport
size
photo

4. Please Tick, if applicable, for any of your Authorised Signatories /

Promoters / Partners / Karta / Trustee & whole time Directors:

☐ Politically exposed Person (PEP) ☐ Related to Politically exposed Person (RPEP)☐ Not applicable

5. Any other information:.....

E. Past Actions

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

F. Dealings Through Other Stock Brokers

Whether dealing with any other stock broker

(if case dealing with multiple stock brokers, provide details of all)

Name of stock broker:

Client Code:..... Exchange:.....

Details of Disputes / Dues pending from / to such stock broker:.....

G. Additional Details

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):

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:.....

In case of Non-individuals, provide details of person authorised to deal in securities on behalf of Company / Firm/ Others:

Name:.....

Designation:.....

PAN No.:.....

Residential Address:.....

.....

DIN / UID No.:.....

Any Other Information:.....

Please affix
recent
passport
size
photo

H: Introducer Details

Name of the Introducer:
(Surname) (Name) (Middle Name)

Status of the Introducer: ☐ Remisier ☐ Authorized Person ☐ Existing Client
☐ Others, please specify

Address and phone no. of the Introducer:

Phone No.:

Signature of the Introducer

This space is intentionally kept blank

DECLARATION

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

Place:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Authorised Signatory
Signature with Stamp**

FOR OFFICE USE ONLY

UCC Code allotted to the Client:

	Documents Verified with Originals	Client Interviewed By	In-Person Verification Done By
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			

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

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For **Sunidhi Securities & Finance Limited**

Signature of the Authorised Signatory

**Seal / Stamp
Sunidhi Securities & Finance Limited**

INSTRUCTIONS / CHECK LIST

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

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

**In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.*

2. Copy of Cancelled Cheque Leaf / Pass Book / Bank Statement specifying name of the constituent, MICR Code or / and IFSC Code of the Bank should be submitted.

3. Demat master or recent holding statement issued by DP bearing name of the client.

4. **For individuals:**

- A. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker
- B. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

5. **For non-individuals:**

- A. Form need to be initialized by all the authorized signatories.
- B. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

This space is intentionally kept blank

**Additional KYC form for opening a Demat Account
(For Non - Individuals)**

Sunidhi Securities & Finance Limited, Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055. CDSL Registration No: IN-DP-410-2019. SEBI Registration No.: INZ000169235	Application No.									
	Date	D	D	M	M	Y	Y	Y	Y	

DP Internal Reference No.														
DP ID	1	2	0	2	3	5	0	0	Client ID					

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

I/We request you to open a Demat Account in my/our name as per following details			
Name Search		PAN	
Sole/First Holder's Name		UCC	
		Exchange Name & ID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	
* Exchange ID			
Name*			
In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.			

Type of Account (Please tick whichever is applicable)									
Status	Sub-Status								
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Bank <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 DP								
SEBI Registration No. (If Applicable)	SEBI Registration Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
RBI Registration No. (If Applicable)	RBI Approval Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
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 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 as given below through ECS (If not marked, the default option would be 'YES' (ECS is mandatory for locations notified by SEBI from time to time)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Bank Details (Dividend Bank Details)

Account Number																	
IFS Code (11 Character)																	
Bank Code (9 Digit MICR Code)																	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current Others, Please Specify_____																
Bank Name																	
Branch Name																	
Bank Branch Address																	
City:	State:	Country:	Pin code:														

- (I) Photocopy of the cancel cheque having the name of the account holder where the cheque book is issue, (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	Income Range Per Annum:
	<input type="checkbox"/> Up to Rs.1 Lakh <input type="checkbox"/> Rs.1 Lakh - Rs.5 Lakhs <input type="checkbox"/> Rs.5 Lakhs - Rs.10 Lakhs <input type="checkbox"/> Rs. 10 Lakhs - Rs. 25Lakhs <input type="checkbox"/> Rs.25 Lakh - Rs.1 Crore <input type="checkbox"/> More than Rs.1 Crore
	Net worth Rs. _____ as on (Date) D D M M Y Y Y Y
	(Net worth should not be older than one year)

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 Annexure 2.2 A.

Other Details 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).	
EASI	To register for Easi , please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balance, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BODP' (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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink).

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

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

First Authorised Signatory Name	
Second Authorised Signatory Name	
Third Authorised Signatory Name	

Depository Participant Seal and Signature

===== (Please Tear Here) =====

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 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.
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 underlay 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).

BO ID

:

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

(Please write your 8 Digit DPID)

(Please write your 8 Digit Client ID)

First Authorised Signatory Name

:

Second Authorised Signatory Name

:

Third Authorised Signatory Name

:

Mobile Number

:

+91										
-----	--	--	--	--	--	--	--	--	--	--

(On which messages are to be sent)

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)

Signature

First Authorised Signatory

Second Authorised Signatory

Third Authorised Signatory

Place:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

This space is intentionally kept blank

FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS

Note:- The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA) requirements and the Common Reporting Standards (CRS) requirements.

For more information refer:

<http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

<http://www.oecd.org/ctp/exchange-of-tax-information/autoomac-exchange-financial-account-information-common-reporting-standard.pdf>

FATCA / CRS Declaration And Details For Entities

(We are unable to provide advice about your FATCA classification or interpretation of any terms. Please therefore seek advice from a tax professional on any FATCA aspects)

Part A - Preliminary details (All fields mandatory)

Particulars	Details of Applicant												
Name of the entity													
Entity PAN													
Address for TAX Residence (Including City, State, Country & Pincode)													
Address Type (Business or Registered Office)													
Entity Constitution Type (Refer Instruction "6" in Annexure)													
Do you Satisfy any of the criteria mentioned below?													
a. Is the entity a U.S.person (Please refer 'Other Definitions' in the Instructions)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please answer "b") (Please go to "c")												
b. Is the entity a Specified US Person	<input type="checkbox"/> YES <input type="checkbox"/> NO Entity's Exemption Code: _____ (Refer Instruction "5" in the Annexure)												
c. Is the entity formed / incorporated outside India	<input type="checkbox"/> YES <input type="checkbox"/> NO < If yes, please specify city and country of incorporation / formation > <table border="1"> <thead> <tr> <th>City</th><th>Country</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	City	Country										
City	Country												
d. Is the entity having Tax Residency in any country(ies) other than India	<input type="checkbox"/> YES <input type="checkbox"/> NO < If yes, please provide the following details > <table border="1"> <thead> <tr> <th>Country of TAX Residency</th><th>PAN / TAX Identification No. TIN equivalent of the foreign country</th><th>Identification Type#</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table> <p># In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.</p>	Country of TAX Residency	PAN / TAX Identification No. TIN equivalent of the foreign country	Identification Type#									
Country of TAX Residency	PAN / TAX Identification No. TIN equivalent of the foreign country	Identification Type#											
Is the entity a Financial Institution (FI) {including an Foreign Financial Institution} (Refer Instruction "1" in the Annexure)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please fill part "B") (Please go to Next Question)												
Is the entity a Direct Reporting NFFE (Refer 'Other Definitions' in the Annexure)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please fill part "B") (Please go to Next Question)												
Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please fill part "C") (Please go to Next Question)												
The entity is a Passive NFFE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please fill part "D") (Please Specify Nature of Business) _____												

Part B – If your answer to question 7 in Part A is a YES, please provide details in relation to Financial Institutions/ Foreign Financial Institutions or Direct Reporting NFFEs:

Particulars	Details of Applicant
The entity is: 1) Financial Institution 2) Direct Reporting NFFE	Global Intermediary Identification Number (GIIN)
	<p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN and name below:</p> <p>Name of sponsoring entity:</p> <p>(For clarification, refer 'Other Definitions' in the Annexure)</p> <p>Sponsoring Entity's GIIN:</p> <p>(If GIIN provided, please go directly to "Declaration and Acknowledgment".)</p>
If GIIN not available (tick any one): (Not applicable to Direct Reporting NFFE)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a. Not obtained: (Insert application date) </div> <div> <input type="checkbox"/> b. Applied for: </div> </div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto; text-align: center;"> D D M M Y Y Y Y </div> <div> <input type="checkbox"/> c. GIIN not required: Please insert code: (Mention Code – For clarification, refer Instruction "2" in the Annexure) (Please go to "Declaration and Acknowledgment".) </div>

Part C– If your answer to question 8 in Part A is a YES, please provide following details:

Sr. No.	Particulars	Details of Applicant
1.	a. Are you a publicly traded company? (Refer Instruction "3" in the Annexure)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> YES <i>(Please fill "C1(b)")</i> </div> <div> <input type="checkbox"/> NO <i>(Please fill "C2")</i> </div> </div>
	b. Are your shares regularly traded on a recognized stock exchange	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> YES </div> <div> <input type="checkbox"/> NO <i>(Please fill "C2")</i> </div> </div>
		If yes, please provide name of the stock exchange where the shares are regularly traded: 1. 2. (Please go to "Declaration and Acknowledgment")
2.	Are you a related entity# of a listed company mentioned in Part C (1) above # Related entity - An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> YES Nature of relation with the related entity: <input type="checkbox"/> Subsidiary of the listed company. <input type="checkbox"/> Controlled by the listed company. </div> <div> <input type="checkbox"/> NO <i>(Please fill "C3")</i> </div> </div> <p>If yes, please provide name of the related entity that is listed :</p> <p>Name of the stock exchange where the shares of the related listed entity are regularly traded: 1. (Please go to "Declaration and Acknowledgement")</p>
	Entity is an Active NFFE	Please specify nature of business: Active NFFE Code: (Refer codes in Instruction "3" in the Annexure)

Part D – Controlling Person/Ultimate Beneficial Owner (UBO) Declaration

Provide details of all UBO/s or Controlling person/s, [natural persons as per PMLA] (including Owner Documented FFI's

[For clarification, refer 'Other Definitions' in the Annexure]] in the table below

Are you an Owner-documented FFI's - ☐ Yes ☐ NO

If 'Yes', in addition to the below details, please provide a duly filled form W8BEN E along with FFI Owner Reporting Statement and Auditor's Letter.

If 'No', Please provide below details only.

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5
Name (#)					
Country of Birth					
City of birth (Please mention only if the Country of Birth is other than India)					
Birth Date					
Address (include City State, Country & Pin code)					
Address type for address mentioned above	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
Nationality					
Father's Name (if PAN not available)					
Spouse's name (optional)					
Telephone/mobile number with ISD code					
PAN					
Identification No.					
Identification Type (TIN or Other, please specify	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport
	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN	<input type="checkbox"/> PAN

the name of document for above)	<input type="checkbox"/> Election / Voter's ID card	<input type="checkbox"/> Election / Voter's ID card	<input type="checkbox"/> Election / Voter's ID card	<input type="checkbox"/> Election / Voter's ID card	<input type="checkbox"/> Election / Voter's ID card
	<input type="checkbox"/> Driving License	<input type="checkbox"/> Driving License	<input type="checkbox"/> Driving License	<input type="checkbox"/> Driving License	<input type="checkbox"/> Driving License
	<input type="checkbox"/> Aadhaar card/ letter	<input type="checkbox"/> Aadhaar card/ letter	<input type="checkbox"/> Aadhaar card/ letter	<input type="checkbox"/> Aadhaar card/ letter	<input type="checkbox"/> Aadhaar card/ letter
	<input type="checkbox"/> NREGA Card	<input type="checkbox"/> NREGA Card	<input type="checkbox"/> NREGA Card	<input type="checkbox"/> NREGA Card	<input type="checkbox"/> NREGA Card
	<input type="checkbox"/> Govt ID Card	<input type="checkbox"/> Govt ID Card	<input type="checkbox"/> Govt ID Card	<input type="checkbox"/> Govt ID Card	<input type="checkbox"/> Govt ID Card
	<input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Others (pls specify)
% of beneficial interest / Ownership /Capital / Profits.					
Controlling Person Type (#) (Refer Instruction "7" of the Annexure.)					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Country of tax residency* (#)					
Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card					
	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5
Tax Identification Number (TIN) (or functional equivalent) of Controlling Person for each country identified in relation to him/her (#)					
Identification Type (TIN or Other, please specify) (#)					

Note:

- A. Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory/Company Secretary.
- B. If number of UBOs are greater than 5 or the space required is insufficient, information in the given format can be given in additional sheets.
- C. In case of a multiple intermediaries, please provide the shareholding/controlling structure of each such intermediary/ies.
- # These details are mandatory for Passive NFFES.
- (*) To include US, where Controlling Person is a US citizen or Green Card holder.

FATCA – CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian Financial Institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, 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.

Towards compliance with tax information sharing laws, such as FATCA and CRS, 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. 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).

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days from the date of change in such information.

If you have any questions about your tax residency, please contact your tax advisor. 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.

Declaration & Acknowledgement

I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions) and hereby confirm that the information provided by us on this Form is True, Correct, Complete and updated, and the submitted documents are genuine and duly executed. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

I/We certify that (i) I/We am/are taxable as a ("U.S.") person under the laws of the United States of America 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 U.S. person)

I/We acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, Financial Institution (FI) may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if FI does not receive a valid self-certification from me) the FI may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me, I ensure that I will advise FI promptly, i.e., within 30 days.

Customer's Authorised Person Name			
Signature			
Designation			
Date			
Place			

ANNEXURE

Instructions for the purposes of FATCA/ CRS

1. Financial Institution or Foreign Financial Institution (FFI)- The term FFI means any financial institution that is a:

A. Depository institution:

Accepts deposits in the ordinary course of banking or similar business.

B. Custodial institution:

As a substantial portion of its business, holds financial assets for the account of others

Meaning of Substantial portion:

- An entity holds financial assets for the account of others as a substantial portion of its business if the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

(1) The three financial years preceding the year in which the determination is made;

(2) The period during which the entity has been in existence before the determination is made.

- Meaning of Income attributable to holding financial assets and related financial services:**

Income attributable to holding financial assets and related financial services means custody, account maintenance, and transfer fees; commissions and fees earned from executing and pricing securities transactions; income earned from extending credit to customers with respect to financial assets held in custody by the entity (or acquired through such extension of credit); income earned on the bid-ask spread of financial assets; fees for providing financial advice with respect to financial assets held in (or potentially to be held in) custody by the entity; and fees for clearance and settlement services)

C. Investment entity:

Primarily conducts a business or operates for or on behalf of a customer for any of the following 3 activities-

- Trading in money market instruments, foreign exchange, foreign currency, etc.
- Individual or collective portfolio management
- Investing, administering or managing funds, money or financial asset on behalf of other persons;

Or

- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity

Explanation - An entity is treated as primarily conducting as a business one or more of the activities described in sub-clause (A), or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets for purposes of sub-clause (B), if the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) the period during which the entity has been in existence.

D. Specified Insurance company:

Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

E. Holding company or treasury company:

Is an entity that is a holding company or treasury center that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.

2. Financial Institutions not required to have a GIIN:

Code	Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers and Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts

12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner documented FFI

3. Non-financial Entity (NFFE) – Any entity that is not a financial institution (including a territory NFFE)

Types of NFFEs excluded from FATCA reporting are:

A. Publicly traded corporation (listed company)

The stock of such corporation is regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange).

B. Related entity of a listed company

The entity identified is a member of the same expanded affiliate group as an entity the stock of which is regularly traded on an established securities market;

C. Active NFFE: (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFFE during the preceding financial year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFFE is a government (other than the U.S. government), a political subdivision of such government (which, for the avoidance of doubt, includes a state, province, county, or municipality), or a public body performing a function of such government or a political subdivision thereof, a government of a U.S. Territory, an international organization, a non-U.S. central bank of issue, or an Entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFFE;
05	The NFFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFFE is a 'non for profit' organization which meets all of the following requirements:</p> <ul style="list-style-type: none"> ⑩ It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; ⑩ It is exempt from income tax in its jurisdiction of residence; ⑩ It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; ⑩ The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents do not permit any income or assets of the NFFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFFE has purchased; and <p>The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents require that, upon the NFFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFFE's jurisdiction of residence or any political subdivision thereof.</p> <p><i>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</i></p> <ul style="list-style-type: none"> (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC; of section 10 of the Act;

4. Other Definitions

(i) Expanded affiliated group

Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members. Generally, only a corporation shall be treated as the common parent entity of an expanded affiliated group.

(ii) Passive NFFE

The term passive NFFE means any NFFE:

- (i) That is not an Active NFFE (including publicly traded entities or their related entities); or
 - (ii) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity; or
 - (iii) A withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations.
- (Note: Foreign persons having controlling interest in a passive NFFE are liable to be reported for tax information compliance purposes).

(iii) Passive income

The term passive income means the portion of gross income that consists of:

- (1) Dividends, including substitute dividend amounts;
- (2) Interest
- (3) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool;
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income described in this section
- (7) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any financial assets
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from notional principal contracts
- (10) Amounts received under cash value insurance contracts
- (11) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- (12) Net income from swaps.

But passive income will not include in case of a non-financial entity that acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity.

In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.

Pursuant to guidelines on identification of Beneficial Ownership issued vide RBI circular no. DBOD.AML.BC. No.71/14.01.001/2012- 13 dated January 18, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(v) U.S. Person

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

(vi) Specified U.S. person

A U.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664© of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045© of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vii) Direct Reporting NFFE

Direct reporting NFFE will mean an NFFE that elects to report on Form 8966 directly to the IRS certain information about its direct or indirect substantial U.S. owners, in lieu of providing such information to withholding agents or participating FFIs with which the NFFE holds a financial account

(viii) Owner documented FFI

An FFI that meets the following requirements:

- (A) The FFI is an FFI solely because it is an investment entity;
- (B) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (C) The FFI does not maintain a financial account for any non participating FFI;
- (D) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (E) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FFI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2).

Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFFE.

ix) Sponsoring Entity

The term sponsoring entity means an entity that registers with the IRS and agrees to perform the due diligence, withholding, and reporting obligations of one or more FFIs pursuant to § 1.1471-5(f)(1)(i)(F) or (2)(iii).

5. Entity Exemption Code for U.S. persons

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(I)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(I)

F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

6. Entity Constitution Type

Code	Category
1	Partnership Firm
2	HUF
3	Private Limited Company
4	Public Company
5	Society
6	AOP /BOI

Code	Category
7	Trust
8	Liquidator
9	LLP
10	Artificial Juridical person
11	Bank
12	Others

7. Controlling Person (UBO) Type/Code

Code	Category	Description
C01	CP of legal person-ownership	Controlling ownership interest of more than: ⑩ 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company; ⑩ 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership; ⑩ 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals.
C02	CP of legal person-other means	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests].
C03	CP of legal person-senior managing official	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above].
C04	CP of legal arrangement-trust-settlor	
C05	CP of legal arrangement--trust-trustee	
C06	CP of legal arrangement--trust-protector	
C07	CP of legal arrangement--trust-beneficiary	The beneficiaries with 15% or more interest in the trust if they are natural person(s).
C08	CP of legal arrangement--trust-other	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.
C09	CP of legal arrangement—Other-settlor equivalent	
C10	CP of legal arrangement—Other-trustee equivalent	
C11	CP of legal arrangement— Other-protector equivalent	
C12	CP of legal arrangement—Other-beneficiary equivalent	
C13	CP of legal arrangement—Other-other equivalent	
C14	Unknown	

TARIFF SHEET

MANDATORY

CASH SEGMENT

Brokerage Slab	Rate %	Minimum Paise	One Side / Both Sides
Delivery Based			
Intraday Trading			

F & O SEGMENT

Brokerage Slab	Futures %	Options %	Rs. Per Lot	One / Both Sides
Delivery Square up				
Settlement Square up				

CURRENCY SEGMENT

Brokerage	Futures %	Rs. Per Lot	One Side / Both Sides
Delivery Square up			

COMMODITY SEGMENT

Brokerage	Futures %	Rs. Per Lot	One Side / Both Sides
Delivery Square up			

SHARING RATIO

	Remisier - I		Remisier - II	
Segment	Delivery	Trading	Delivery	Jobbing
Cash				
Base				

	Remisier - I		Remisier - II	
Segment	Futures	Options	Futures	Optional
F & O				
Base				

	Remisier - I		Remisier - II	
Segment	Futures	Options	Futures	Optional
Currency				
Base				

	Remisier - I		Remisier - II	
Segment	Futures	Options	Futures	Optional
Commodity				
Base				

CTCL Mapin ID	
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 Signature

* Brokerage and Statutory / Regulatory charges are levied at actuals.'

Tariff for Depository Services (Please select one of the schemes)

Services	Basic Service Demat Account (BSDA) (Rs.)	Normal Demat Account		
		Scheme A	Scheme B	Scheme for NRI
Annual Maintenance Charge	1) Nil for holding upto Rs. 400,000/-			
	2) Rs. 100/- for holding between Rs. 400,001/- to Rs. 10,00,000/- for any day during the year	Rs. 300/-	Rs. 1000/-	Rs. 300/-
Instructions (Debit) (Delivery Transaction)	Rs. 65/-	0.03% (Min. Rs. 8/-) & Max. Rs. 20/-)	0.02% (Min. Rs. 8/-) & Max. Rs. 20/-)	0.05% (Min. Rs. 20/-)
Pledge Creation	Rs. 65/-	Rs. 15/-	Rs. 15/-	Rs. 15/-
Dematerialisation	Rs. 5/- per certificate & Rs. 50/- Postal charges per demat request			
Rematerialisation	Rs. 75/- per certificate	Rs. 25/- per certificate		
Pledge Invocation	Rs. 65/- per PSN	Rs. 15/- per PSN		
Pledge Closure	Rs. 65/- per PSN	Rs. 15/- per PSN		

I have observed and understood the Depository Tariff structure for Basic Service Demat Account (BSDA) and Normal Demat Account. Hence I undertake as follows :

☐ I Wish to opt for BSDA

☐ I do not wish to opt for BSDA

Authorised Signatory
Signature with Stamp

Statements :

- Client holding statement will be provided on quarterly basis, if client has not done any transaction during that quarter.
- Charges / Service standards are subject to revision as per CDSL and SEBI guideline and will be informed by circulars sent by ordinary post or E-mail.
- Value of transactions will be in accordance with the rates provided by CDSL.
- Financial Year i.e. April 01 to March 31 will be considered for Annual Maintenance Charges. Transaction Charges will payable monthly. Charges quoted are for services listed. Any service not quoted will be charged separately.
- All instruction for transfer must be received at the designated office(s) of DP at least 24 hours before the execution date or the pay-in deadline. Any instruction receive beyond the specified time limit would be executed on best effort basis and DP won't be responsible for any kind of failure or non-execution of those trades.
- Non-payment of bills within time limit will attract penal interest of 13% per annum of the bill is not paid after 1month of the due date the DP Account will be suspended temporarily till the bill is paid.
- Incase of Corporate Account CDSL Annual maintenance charge of Rs. 500 (Pro-rata) will be charged.

First Authorised Signatory Signature with Stamp	Second Authorised Signatory Signature with Stamp	Third Authorised Signatory Signature with Stamp
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For Office Use Only

Client Categorizations (Based on declaration of the Financial portfolio of client)

Tick whichever applicable

Categories	High	Low	Medium	Special

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date:

D	D	M	M	Y	Y	Y	Y
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DP ID									Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,
Sunidhi Securities & Finance Limited,
 Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
 Santacruz (E), Mumbai - 400 055.

Dear Sir / Madam,

I / We hereby state that:

[Select one of the options given below]

☐ **OPTION 1:**

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

Yours Faithfully

	1st Authorised Signatory	2nd Authorised Signatory	3rd Authorised Signatory
Name			
Signature			

----- **OR** -----

☐ **OPTION 2:**

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

Yours Faithfully

	1st Authorised Signatory	2nd Authorised Signatory	3rd Authorised Signatory
Name			
Signature			

----- (Please Tear Here) -----

Acknowledgment Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET FORM


DP ID									Client ID								
First Authorised Signatory Name																	
Second Authorised Signatory Name																	
Third Authorised Signatory Name																	

Depository Participant Seal and Stamp

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities on your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favour of the stock broker. You can view your demat account balances directly at the website of the Depositories after credential login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

XX  Authorised Signatory Signature with Stamp	
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Date:

D	D	M	M	Y	Y	Y	Y
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To,
Sunidhi Securities & Finance Limited.

Regd. Office: Kalpataru inspire, Unit 1, 8th Floor, Santacruz (E), Mumbai - 400 055

Dear Sir,

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

- 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:
 - 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
 - Combined Risk Disclosure Documents (RDD) prescribed by SEBI and Stock exchanges
 - Guidance note detailing Do's and Don'ts for trading in the Stock Exchanges
 - Policies and Procedures as prescribed by SEBI)
 - Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients
 - Investor Charter of DP and Stock Broker
- 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.
- 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.
- I / we have received the booklet with above mentioned contents.
- 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..
- 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.
- I / we have received and read copy of all above documents and agree to abide by the same and by the bylaws and all rules and regulations as in force from time to time.
- 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.
- As I/we have submitted my/our address with P.O Box No. as Permanent and/or Correspondence address hence I/we hereby undertake to provide our new residential address to Sunidhi Securities and Finance Ltd. Ltd whenever there is a change in my/our residential address (Applicable for NRI Clients).
- I / We hereby declare that / 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)

XX


First Authorised Signatory
Signature with Stamp

XX


Second Authorised Signatory
Signature with Stamp

XX


Third Authorised Signatory
Signature with Stamp

Self-Declaration

To,
Sunidhi Securities & Finance Limited,
Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Dear Sir,

Sub: Self-Declaration to accept common E-Mail ID and Mobile Number in my KYC.

I/we hereby request Sunidhi Securities & Finance Ltd. to accept common E-Mail ID and Mobile Number in my / our KYC as it is being commonly used by me / us under the following conditions prescribed by exchange.

TRADING CODE	DEMAT No.	CLIENT NAME	MY / OUR MOBILE NO.	MY / OUR EMAIL ID

(A) This said Mobile No. / Email ID is belong to my / our family member

Family member who include:

☐ Self

☐ Dependent Children

☐ Spouse

☐ Dependent Parents

(B) Non-individual account: Mobile no. and / or Email id of the authorised person held by the said authorised person in his / her individual capacity. ☐

I / We hereby state and the information provide above are true and correct in all respect and if it is found untrue or false, I/we held responsible personally for the same. It shall be my/our responsibility to receive and read the communications sent by Sunidhi Securities & Finance Ltd. on the said id and / or mobile number.

I / we agree to indemnify and keep Sunidhi Securities & Finance Ltd. always indemnifies from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and / or incurred by Sunidhi Securities & Finance Ltd. for any act done or omitted to be done by me / us on the above declaration.

Yours Faithfully,

Authorised Signatory, Signature with Stamp

Date

D	D	M	M	Y	Y	Y	Y
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Voluntary Documents

To,
Sunidhi Securities & Finance Limited,
Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Sub: Authority Letter for Running Account across all segments of all Exchanges

☐ YES ☐ NO

1. I/We hereby expressly authorize you to maintain my/our fund account with you on a running account basis instead of settlement to settlement clearance of dues and/or delivery of Securities to me /us to facilitate the ease of accounting and banking operations.
- A. To maintain a running account through any/all Exchange(s) and all segments towards my margin obligations and / or settlement obligations. I agree that no interest shall be payable by you on the credit balances that may arise from time to time in my/our account.
- B. 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.
- C. To retain hold/any /all of my/our funds available with you on in/ our account, till such time that I/we specifically request you to release the same. While doing so, 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
- D. 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' and/or settlement and/or statement of Funds and securities or both within 30 days from the date of receipt of Retention Statement' and/or settlement and/or statement of Funds and securities or both, failing which it may be deemed that Retention Statement' and/or settlement and/or statement of Funds and securities or both is true and correct by me/us.
- E. My/Our preference for actual settlement of Funds is
☐ Once in Calendar Quarter ☐ Once in Calendar Month
- F. I/We understand that I/we may revoke this Authority with a written notice at any point of time.

DATE

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory
Signature with Stamp

Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Sub: Subject: Authority for receipt of Contract Notes, Bills, Statement of Funds and Securities, Daily Margin Statement, Retention Statement, Monthly/Quarterly Statement, DP Holding Statement, DP Transaction Statement etc. in Digital signed electronic form.

☐ YES ☐ NO

- A. I/ We agree to receive Contract Notes, Bills, Statement of Funds and Securities & Daily Margin Statement in digitally signed electronic form for all my trades / transactions executed through you at the email Id duly registered with you as per the below mentioned terms and conditions.
- B. I/we also agree to receive Retention Statement, Monthly/Quarterly Statement, DP Holding Statement, DP Transaction Statement or any other statement/communication by you relating to my Trading and DP account with you in Digital form at the email Id duly registered with you as per the below mentioned terms and conditions.
- C. I/We confirm that once you have sent the said documents/statements at my/ our E-mail Id registered with you, you may treat the same as received by me/us.
- D. I/We confirm that non-receipt of bounced mail notification shall amount to delivery of the documents/statements to me/us at the e-mail registered with you.
- E. My/ours non verification or non-accessing of my/ our e-mail Id on regular basis shall not be a reason of dispute at any point of time.
- F. I/We hereby confirm that any change in E-mail Id will be communicated through Modification form (for change in E-mail Id). However, If I/we am/are 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 specific user ID and password.
- G. I/We further state and submit that in case of any query / grievance I/we shall intimate you in writing within 24 hours of receipt of the any of the aforesaid statement at your designated e-mail ID i.e support@sunidhi.com.

DATE

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory
Signature with Stamp

Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

**Sub: Authority letter for adjustment of Funds and securities across Exchanges
and Segments**

☐ YES

☐ NO

A. I/We authorize you to adjust/appropriate any/all my/our delivery of Securities on Inter – Settlement basis for all the trades/transactions where all my Securities purchased by me/us are lying with you on my/our account. I/We agree that such inter settlement adjustment may be in same Stock exchange or across the Exchanges.

DATE

D	D	M	M	Y	Y	Y	Y
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**Authorised Signatory
Signature with Stamp**

DISCLOSURE

PROPRIETARY TRADING

The member discloses herewith that it undertakes Proprietary trading, Arbitrage as well as investment in addition to client based trading.

Signed for any on behalf of

Signed for and on behalf of Client

Name	Sunidhi Securities & Finance Ltd.
Authorised Signatory Sign with Stamp	

Name	
Authorised Signatory Sign with Stamp	

DATE

D	D	M	M	Y	Y	Y	Y
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Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Sub: Registration for availing SMS facility.

☐ YES

☐ NO

- A. I/We authorize you to send information regarding my trades/transactions or any information /communication regarding my trades/ transactions through you through Short message Services “SMS” on my/our registered mobile no. with you.
- B. I/We further authorize you to send service messages/information/alerts/calls pertaining to my trading account with you and sent research recommendations and follow ups through Short message Services “SMS” on my/our registered mobile no. with you.
- C. I/ We agree and understand that the above facility offered to me/us is in addition to the existing usual facilities and that the I shall not hold the Company responsible for non receipt or late receipt of any aforesaid communications.
- D. I/We also agree that I shall be solely responsible for all the trading done by me/us, based upon the recommendations, set to me/us through the 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 own risk and the Company or its employees shall be in no way responsible for any direct or indirect losses arising thereof.

DATE

D	D	M	M	Y	Y	Y	Y
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**Authorised Signatory
Signature with Stamp**

Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Sub: Authority to Auto Square – off Intraday Trades executed in my/our account.

☐ YES ☐ NO

- A. I herewith agree and undertake to square off my outstanding intraday trades/transactions before the market closing hours or any such timelines as may be prescribed by SEBI/ Exchanges or any other authority in force. However, in the event of my failure to square off my/all outstanding intraday trades within the prescribed timelines or such other time as may be intimated to me from time to time, you are hereby authorized to cancel all pending intraday orders and square off my open intraday positions on the same day at your discretion at prevailing market rate. If, due to power failure, connectivity failure, circuit breakers, lack of market depth or any other unavoidable circumstances, if my intraday open trade(s) is/are not squared up on the same day, then I authorize you to square up the same in subsequent trading session at your discretion at the prevailing market rate.
- B. I further agree that if the mark to mark losses on my intraday positions reach the specified percentage of margin deposits, as may be intimated from time to time, the entire outstanding intraday positions of my future contracts may be closed / squared by you on occurrence of such event.
- C. I further agree that in all the above instances the resulting loss, if any shall be borne by me.

DATE

D	D	M	M	Y	Y	Y	Y
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**Authorised Signatory
Signature with Stamp**

Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Undertaking cum Authority letter:-

1. I/We request you to accept any /all my/ours Telephonic or Oral or through any other electronic/digital mode or during my/our visit at your office for placing orders/ Modifications /order cancellation and give me/us the confirmation on telephone or oral or through any other electronic/digital mode or to me/us in person in case of my/our visit to your office.
2. I/we agree that you shall not be liable or responsible for non execution of orders placed through any trading terminals, computer systems, Internet services or through any other mode arising to failure of any system or any technical glitch or any other reason whereby you may not be able to establish access to the trading system / network which may be beyond your control and may result non processing/non execution or delay in processing / executions of the orders placed in part or in full. I /we further agree we shall be liable for any direct or indirect losses arising due non processing/non execution or delay in processing / executions of the orders placed in part or in full that in such unforeseen circumstances.

DATE

D	D	M	M	Y	Y	Y	Y
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**Authorised Signatory
Signature with Stamp**

Documents Forming part and parcel of KYC kit

- ☐ Rights and Obligations
- ☐ Risk Disclosure Document
- ☐ Guidance Note -Do's and Dont's
- ☐ Investor Charter for Stock Brokers & DP
- ☐ Instructions / Check List



Sunidhi

Securities & Finance Limited

CIN No.: U67190MH1985PLC037326