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

INDIVIDUAL CLIENT REGISTRATION FORM Mr. / Ms. / M/s.: PAN Number: E-mail: Mobile No: Terminal Code / UCC Code: CIN Number: Branch: Group:

Instructions / Guidelines for filling Individual KYC Application Form

A. General Instructions:

- 1. Self-attestation of documents is mandatory.
- 2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
- 3. If any proof of identity or address is in a foreign language, then translation into English is required.
- 4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
- 8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
- 9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
- 11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign.
- 12. country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

- 1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- 2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License Letter issued by NPR / NREGA job card.
- 3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 4. Mention identification / reference number if 'Z Others (any document notified by the central government)' is ticked.
- 5. Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA):

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

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

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

E. List of people authorized to attest the documents:

- 1. Authorized officials of Asset Management Companies (AMCs).
- 2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
- 3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
- 4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

INDEX OF DOCUMENTS

ACCOUNT OPENING KIT

	MANDATORY DOCUMEN	NTS AS PRESCRIBED BY SEBI AND EXCHANG	ES
Sr. No.	Name of the Document	Brief Significance of the Documents	Page No.
1	Know Your Customer (KYC) (Account opening form)	Document for capturing the basic information	1 - 6
2	Trading Account Details	Document for Capturing additional information regarding to trading account	7 - 11
3	Additional KYC for opening of a Demat Account	Document for capturing the basic information required for opening a Demat account.	12 - 16
4	Nomination Form for Trading & Demat Account	Document for capturing the details of the nominee.	17 - 18
5	Declaration for opting out of Nomination	Declaration for opting out of Nomination	19
6	Terms and Conditions –cum- Registration/Modification Form for receiving SMS alerts from CDSL	Documents stating the Terms and Conditions for receiving SMS alert from CDSL	20 - 22
7	Annexure for FATCA	Additional Information capturing details related to FATCA & CRS	23 - 24
8	Tariff Sheet (for Broking)	Document specifying the rate / amount of Brokerage and other charges to be levied to client on the transactions.	25
9	Tariff Sheet for Depository Services	Document specifying the transaction charges and other charges to be levied to client.	26
10	Option form for Issue of DIS Booklet	Form for Issuance of Delivery Instruction Slip (DIS)	27
11	Most Important Terms and Conditions	Document detailing the important Terms and Conditions for Non custodian Client	28
12	Acknowledgement from Client	Acknowledgement from Client of having received and understood the Mandatory Documents as prescribed by SEBI	29

	VOLUNTARY DOCUMENTS	AS PROVIDED BY THE STOCK BROKER	
13	Self Declaration	Self Declaration to accept Common E-mail Id & Mobile No.	30
14	Authority Letter for Running Account across all segment of all Exchanges	Authority letter for maintaining running account with Broker for funds	31
15	Authority for receiving digitally signed documents	Authorization for receipt of contract notes, bills, Statements of Funds and Securities Daily Margin Statement, Retention Statement, Monthly /Quarterly Statement, DP Holding Statement, DP Transaction Statement etc. in digitally signed Electronic Form	32
16	Authority letter for adjustments	Authority to broker for adjustment for funds and securities in different Segment and Exchanges	33
17	Disclosure of Proprietary	Proprietary Trading Disclosure	33

18	Availing SMS Facility	Registration for Availing SMS Facility for trading account	34
19	Authority to Auto Square –off Intraday Trades	Authority by Client to Auto Square – off Intraday Trades executed by client	35
20	Undertaking cum declaration	Undertaking cum declaration for acceptance of orders through Telephone and for Non – execution of orders	36

	MANDATORY DOCUMENTS IN SI	EPARATE 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

Signature of the Client

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

Sole / First Holder

Important Instructions:

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



						WATE BARD
For office use only	Application Type*	☐ New	☐ Update			
(To be filled by financial institut	tion) KYC Number			(Mandatory for	KYC update requ	uest)
	Account Type*	☐ Normal	☐ Simplified (fo	or low risk customers)	Small	
☐ 1. PERSONAL DETAIL	S (Please refer instruction A	at the end)				
	Prefix F	First Name		Middle Name	La	st Name
☐ Name*(Same as Aadhaar)						
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*		YY				РНОТО
Gender*	☐ M- Male		F- Female	☐ T-Transgender		
Marital Status*	☐ Married		Unmarried	☐ Others		
Citizenship*	☐ IN- Indian		Others (ISO 31	66 Country Code)		
Residential Status*	☐ Resident Individual☐ Foreign National		☐ Non Resident Ir ☐ Person of India			
Occupation Type*		_	☐ Public Sector	☐ Government Sector)		
, ,,,	☐ O-Others (☐ Prof	essional [☐ Self Employed	☐ Retired ☐ Housewife	☐ Student)	
	☐ X- Not Categorised					Signature / Thumb Impression
☐ 2. TICK IF APPLICABLE	■ RESIDENCE FOR	TAX PURPO	SES IN JURISDIC	TION(S) OUTSIDE INDIA (PI	ease refer instruction	on B at the end)
ADDITIONAL DETAILS RE	QUIRED* (Mandatory only i	f section 2 is tick	ked)			
ISO 3166 Country Code of	Jurisdiction of Residence	*				
Tax Identification Number of	or equivalent (If issued by	jurisdiction)*				
Place / City of Birth*			ISO 3166 Country	Code of Birth*		
	FV (D = 1)* (D)		D			
_	(Pol)* (Please refer instru					
(Certified copy of <u>any one</u> of the	rollowing Proof of Identity [Po	ng needs to be si	ubmittea)	December 5 min Det	- [=]=]	
☐ A- Passport Number☐ B- Voter ID Card				Passport Expiry Dat	e DD — M M	<u> </u>
☐ C- PAN Card						
☐ D- Driving Licence				Driving Licence Expiry Dat	e DD — MM	
☐ E- UID (Aadhaar) ☐ F- NREGA Job Card						
☐ Z- Others (any document r	notified by the central governm	nent)		Identification Number		
☐ S- Simplified Measures A	,	· —		Identification Number		
4. PROOF OF ADDRE						
	ENT / OVERSEAS ADDRESS	DETAILS (Plea	ise see instruction D a	at the end)		
(Certified copy of any one of the		•		,		
Address Type*	esidential / Business	Residen	ntial 🗆	Business Regi	stered Office	Unspecified
	assport	☐ Driving I		UID (Aadhaar)		
□ Ve	oter Identity Card	☐ NREGA	Job Card 🔲	Others		
☐ Si Address	implified Measures Accour	nt - Document	Type code			
Line 1*						
Line 2						
Line 3				City / Town / V	/illage*	
District*	Pin /	Post Code*		State / U.T Code*	ISO 3166 Co	ountry Code*

	ENCE / LOCAL ADD		•															
Same as Current / P	ermanent / Oversea	s Address details (In case of n	nultiple co	rresponden	ce / loca	l addre	sses, p	lease	e fill 'A	nne	xure /	A1 ')					
Line 1*									+		+			+				
Line 3									itv /	Town	/ Vi	llage ¹	k					
District*		Pin / F	Post Code	-		St	ate / L		•			•		166 (Coun	try C	ode*	
4.3 ADDRESS IN TH	IE II IDISDICTION F				DENT OUT	_				0000	:C* /							
Same as Current / P			AFFLICAN	13 KESI	Same as						,		able i	1 560	1011 2	15 tick	eu)	
Line 1*																		
Line 2																		
Line 3								Ci	ty / T	own .	/ Vill	age*						
District*					ZIP / Po	st Code	*					18	SO 3	166 (Coun	try C	ode*	
☐ 5. CONTACT DE	AILS (All communi	ications will be sen	t on provide	d Mobile	No. / Email-	-ID) (Plea	ase refe	er instru	uction	F at	the e	end)						
Tel. (Off)			Tel. (Res)						N	1obile	9		-					
Fax			Email ID															
☐ 6. DETAILS OF R	ELATED PERSO	N (In case of addi	tional relate	d persons	, please fill	'Annexu	ıre B1') (plea	se ret	er ins	truct	ion G	at the	e end)			
Addition of Related I	Person Deletion	of Related Person		KYC	Number of	Related	Persor	ı (if ava	ailable	e*)								
Related Person Ty	. –	n of MinorName		ssignee			Author		epre	senta	ative)						
Name*	Prefix	Fi	rst Name				Middle I	Name					T	La	ist Na	me		
rumo	(If KYC num	ber and name are	provided, be	low detai	ls of section	n 6 are o	ptional)											
PROOF OF IDENTIT	•						,											
A- Passport Numb				, ,	,		Pas	sport	Expi	ry Da	ate	D D	1—[M M	— [5	Υ	ΥΥ	
☐ B- Voter ID Card									•									
C- PAN Card																		
□ D- Driving Licence						Driv	ing Lic	ence	Exni	rv Da	ate	пП	1_[M I M		- TyT	v I v I	
☐ E- UID (Aadhaar)						Dille	mg Eic	01100	L/bi	, , ,								
☐ F- NREGA Job Ca	rd																	
Z- Others (any docu		central governme	nt)				lder	ntificat	ion N	Jumh	er		T					
S- Simplified Meas								ntificat										
7. REMARKS (If	anv)																	
7. REMARKO (II																		
									+		+		$\frac{1}{1}$	+				
8. APPLICANT D	ECLARATION																	
 I hereby declare that the you of any changes there 																		
I am aware that I may beI hereby consent to rece		Central KYC Registry t	hrough SMS/	Email on the	e above regis	tered num	ber/ema	il addre	SS.			[Sig	nature	/ Thu	nb Im	oressio	٦	
Date: DD - MI		Place									Sig	nature	/Thur	nb Imp	oressio	n of Ap	plicant	t
9. ATTESTATION		ISE ONLY																
Documents Receiv																		
	VERIFICATION CA	•							INST	ITUTI	ON	DETA	ILS					
Date	DD - MM -				Name													
					Code													
Emp. Name					Emp. B	kranch												
Emp. Name					Emp. D	nanon												
Emp. Code																		
									Fle	etituti	ion S	tamn						
Emp. Code	[Employee Sig	gnature]							[lr	nstituti	ion S	stamp]						
Emp. Code Emp. Designation	[Employee Sig		у									stamp]						
Emp. Code Emp. Designation		PV) Carried Out b	у		Name													
Emp. Code Emp. Designation	rson Verification (IF	PV) Carried Out b	у		Name Code													
Emp. Code Emp. Designation In-Pe	rson Verification (IF	PV) Carried Out b	у			Branch												
Emp. Code Emp. Designation In-Per Date Emp. Name	rson Verification (IF	PV) Carried Out b	у		Code	Branch												
Emp. Code Emp. Designation In-Per Date Emp. Name Emp. Code	rson Verification (IF	PV) Carried Out b	y		Code	Branch			Ins	titutio	on D		S					

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

Second Holder

Important Instructions:

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



						Wells Paris
For office use only	Application Type*	☐ New	☐ Update			
(To be filled by financial institution	on) KYC Number			(Mandatory for	KYC update red	quest)
	Account Type*	☐ Normal	☐ Simplified (fo	or low risk customers)	☐ Small	
☐ 1. PERSONAL DETAILS	S (Please refer instruction A	at the end)				
	Prefix F	First Name		Middle Name	L	ast Name
☐ Name*(Same as Aadhaar)						
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*	DD - MM - YYY	/ Y				РНОТО
Gender*	☐ M- Male		F- Female	☐ T-Transgender		
Marital Status*	☐ Married		Unmarried	☐ Others		
Citizenship*	☐ IN- Indian		Others (ISO 316	66 Country Code)		
Residential Status*	☐ Resident Individual☐ Foreign National		Non Resident In Person of Indiar			
Occupation Type*	•	ate Sector 🗌	Public Sector	☐ Government Sector)		
, ,,,	☐ O-Others (☐ Profe☐ B-Business	essional 🗌	Self Employed	☐ Retired ☐ Housewife	☐ Student)	
	☐ X- Not Categorised					Signature / Thumb Impression
☐ 2. TICK IF APPLICABL	E ☐ RESIDENCE FOR	TAX PURPOS	ES IN JURISDIC	ΓΙΟΝ(S) OUTSIDE INDIA (PI	ease refer instruct	ion B at the end)
ADDITIONAL DETAILS REC	QUIRED* (Mandatory only it	f section 2 is ticke	ed)			
ISO 3166 Country Code of	Jurisdiction of Residence	*				
Tax Identification Number or	r equivalent (If issued by j	urisdiction)*				
Place / City of Birth*			SO 3166 Country	Code of Birth*		
3. PROOF OF IDENTITY	Y (Pol)* (Please refer instruc	ction C at the end	1)			
(Certified copy of any one of the	following Proof of Identity [Po	l] needs to be sui	bmitted)			
☐ A- Passport Number				Passport Expiry Dat	e DD - MN	
☐ B- Voter ID Card						
☐ C- PAN Card						
□ D- Driving Licence				Driving Licence Expiry Dat	e DD-MN	<u> </u>
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any document no	otified by the central governm	ent)		Identification Number		
☐ S- Simplified Measures A	ccount - Document Type	code		Identification Number	er	
4. PROOF OF ADDRES	S (PoA)*					
4.1 CURRENT / PERMANE	NT / OVERSEAS ADDRESS	DETAILS (Pleas	e see instruction D a	at the end)		
(Certified copy of any one of the	following Proof of Address [P	oA] needs to be s	submitted)			
Address Type* ☐ Re	sidential / Business	☐ Resident	ial \square	Business	stered Office	Unspecified
	ssport	☐ Driving Li		UID (Aadhaar)		
	ter Identity Card nplified Measures Accour	NREGA □ nt - Document T		Others		
Address	mpiniou iviousures Accour	n. Document i	, po oode			
Line 1*						
Line 2				211 / 211		
Line 3		D 16 1 1		City / Town / V	_	
District*	Pin /	Post Code*		State / U.T Code*	ISO 3166 C	Country Code*

	ENCE / LOCAL ADD		•															
Same as Current / P	ermanent / Oversea	s Address details (In case of n	nultiple co	rresponden	ce / loca	l addre	sses, p	lease	e fill 'A	nne	xure /	A1 ')					
Line 1*									+		+			+				
Line 3									itv /	Town	/ Vi	llage ¹	k					
District*		Pin / F	Post Code	-		St	ate / L		•			•		166 (Coun	try C	ode*	
4.3 ADDRESS IN TH	IE II IDISDICTION F				DENT OUT	_				0000	:C* /							
Same as Current / P			AFFLICAN	13 KESI	Same as						,		able i	1 560	1011 2	15 tick	eu)	
Line 1*																		
Line 2																		
Line 3								Ci	ty / T	own .	/ Vill	age*						
District*					ZIP / Po	st Code	*					18	SO 3	166 (Coun	try C	ode*	
☐ 5. CONTACT DE	AILS (All communi	ications will be sen	t on provide	d Mobile	No. / Email-	-ID) (Plea	ase refe	er instru	uction	F at	the e	end)						
Tel. (Off)			Tel. (Res)						N	1obile	9		-					
Fax			Email ID															
☐ 6. DETAILS OF R	ELATED PERSO	N (In case of addi	tional relate	d persons	, please fill	'Annexu	ıre B1') (plea	se ret	er ins	truct	ion G	at the	e end)			
Addition of Related I	Person Deletion	of Related Person		KYC	Number of	Related	Persor	ı (if ava	ailable	e*)								
Related Person Ty	. –	n of MinorName		ssignee			Author		epre	senta	ative)						
Name*	Prefix	Fi	rst Name				Middle I	Name					T	La	ist Na	me		
rumo	(If KYC num	ber and name are	provided, be	low detai	ls of section	n 6 are o	ptional)											
PROOF OF IDENTIT	•						,											
A- Passport Numb				, ,	,		Pas	sport	Expi	ry Da	ate	D D	1—[M M	— [5	Υ	ΥΥ	
☐ B- Voter ID Card									•									
C- PAN Card																		
□ D- Driving Licence						Driv	ing Lic	ence	Exni	rv Da	ate	пП	1	M I M		- TyT	v I v I	
☐ E- UID (Aadhaar)						Dille	mg Eic	01100	L/bi	, , ,								
☐ F- NREGA Job Ca	rd																	
Z- Others (any docu		central governme	nt)				lder	ntificat	ion N	Jumh	er		T					
S- Simplified Meas								ntificat										
7. REMARKS (If	anv)																	
7. REMARKO (II																		
									+		+		$\frac{1}{1}$	+				
8. APPLICANT D	ECLARATION																	
 I hereby declare that the you of any changes there 																		
I am aware that I may beI hereby consent to rece		Central KYC Registry t	hrough SMS/	Email on the	e above regis	tered num	ber/ema	il addre	SS.			[Sig	nature	/ Thu	nb Im	oressio	٦	
Date: DD - MI		Place									Sig	nature	/Thur	nb Imp	oressio	n of Ap	plicant	t
9. ATTESTATION		ISE ONLY																
Documents Receiv																		
	VERIFICATION CA	•							INST	ITUTI	ON	DETA	ILS					
Date	DD - MM -				Name													
					Code													
Emp. Name					Emp. B	kranch												
Emp. Name					Emp. D	nanon												
Emp. Code																		
									Fle	etituti	ion S	tamn						
Emp. Code	[Employee Sig	gnature]							[lr	nstituti	ion S	stamp]						
Emp. Code Emp. Designation	[Employee Sig		у									stamp]						
Emp. Code Emp. Designation		PV) Carried Out b	у		Name													
Emp. Code Emp. Designation	rson Verification (IF	PV) Carried Out b	у		Name Code													
Emp. Code Emp. Designation In-Pe	rson Verification (IF	PV) Carried Out b	у			Branch												
Emp. Code Emp. Designation In-Per Date Emp. Name	rson Verification (IF	PV) Carried Out b	у		Code	Branch												
Emp. Code Emp. Designation In-Per Date Emp. Name Emp. Code	rson Verification (IF	PV) Carried Out b	y		Code	Branch			Ins	titutio	on D		S					

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

Third Holder

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



						Wells Paris
For office use only	Application Type*	☐ New	☐ Update			
(To be filled by financial institution	on) KYC Number			(Mandatory for	KYC update red	quest)
	Account Type*	☐ Normal	☐ Simplified (fo	or low risk customers)	☐ Small	
☐ 1. PERSONAL DETAILS	S (Please refer instruction A	at the end)				
	Prefix F	First Name		Middle Name	L	ast Name
☐ Name*(Same as Aadhaar)						
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*	DD - MM - YYY	/ Y				РНОТО
Gender*	☐ M- Male		F- Female	☐ T-Transgender		
Marital Status*	☐ Married		Unmarried	☐ Others		
Citizenship*	☐ IN- Indian		Others (ISO 316	66 Country Code)		
Residential Status*	☐ Resident Individual☐ Foreign National		Non Resident In Person of Indiar			
Occupation Type*	•	ate Sector 🗌	Public Sector	☐ Government Sector)		
, ,,,	☐ O-Others (☐ Profe☐ B-Business	essional 🗌	Self Employed	☐ Retired ☐ Housewife	☐ Student)	
	☐ X- Not Categorised					Signature / Thumb Impression
☐ 2. TICK IF APPLICABL	E ☐ RESIDENCE FOR	TAX PURPOS	ES IN JURISDIC	ΓΙΟΝ(S) OUTSIDE INDIA (PI	ease refer instruct	ion B at the end)
ADDITIONAL DETAILS REC	QUIRED* (Mandatory only it	f section 2 is ticke	ed)			
ISO 3166 Country Code of	Jurisdiction of Residence	*				
Tax Identification Number or	r equivalent (If issued by j	urisdiction)*				
Place / City of Birth*			SO 3166 Country	Code of Birth*		
3. PROOF OF IDENTITY	Y (Pol)* (Please refer instruc	ction C at the end	1)			
(Certified copy of any one of the	following Proof of Identity [Po	l] needs to be sui	bmitted)			
☐ A- Passport Number				Passport Expiry Dat	e DD - MN	
☐ B- Voter ID Card						
☐ C- PAN Card						
□ D- Driving Licence				Driving Licence Expiry Dat	e DD-MN	<u> </u>
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any document no	otified by the central governm	ent)		Identification Number		
☐ S- Simplified Measures A	ccount - Document Type	code		Identification Number	er	
4. PROOF OF ADDRES	S (PoA)*					
4.1 CURRENT / PERMANE	NT / OVERSEAS ADDRESS	DETAILS (Pleas	e see instruction D a	at the end)		
(Certified copy of any one of the	following Proof of Address [P	oA] needs to be s	submitted)			
Address Type* ☐ Re	sidential / Business	☐ Resident	ial \square	Business	stered Office	Unspecified
	ssport	☐ Driving Li		UID (Aadhaar)		
	ter Identity Card nplified Measures Accour	NREGA □ nt - Document T		Others		
Address	mpiniou iviousures Accour	n. Document i	, po oode			
Line 1*						
Line 2				211 / 211		
Line 3		D 16 1 1		City / Town / V	_	
District*	Pin /	Post Code*		State / U.T Code*	ISO 3166 C	Country Code*

4.2 CORRESPOND			,				,													
_	Permanent / Overseas	s Address details	s (In case o	f multip	le corre	esponde	nce / loc	al add	resse	es, plea	ase fi	ill 'Ar	nex	ure A	(1')					
Line 1*												+					+		+	
Line 2									\Box	City	, / To	wn /	/ \/ill:	ane*					+	
District*		Din /	Post Cod	lo*				State /	<u>.</u> ПТ	Code		/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	O 310	66 C	ountr	v Co	nde*	
	UE UUDIODIOTION D												D# (A					•		
4.3 ADDRESS IN TI Same as Current / F				NTISE	_	Same a									able if	sectio	on 2 is	s tick	ed)	
Line 1*	emanent/ Overseas	Address details	•			Same a	5 001165	poride	ilice /	Lucai	Addi		uetai	15						
Line 2											+	$^{++}$	\pm	$\forall \forall$				\pm		
Line 3										City	/ To\	wn /	Villa	ge*						
District*						ZIP / Po	st Cod	e*						IS	O 31	66 C	ountr	у Со	ode*	
☐ 5. CONTACT DE	TAILS (All communic	cations will be se	ent on prov	ided Mo	obile No	o. / Emai	I-ID) (Ple	ease re	efer ir	nstructi	ion F	at th	ne en	d)						
Tel. (Off)			Tel. (Re	s)							Мо	bile								
Fax			Email II) <u> </u>																
☐ 6. DETAILS OF F	RELATED PERSOI	N (In case of ad-	ditional rela	ited per	sons. r	olease fil	'Annex	ure B	1') (r	olease	refer	r instr	ructic	n G a	at the	end)				
	Person Deletion of					umber o														
Related Person T	ype* ☐ Guardiaı	n of MinorNan	ne*	Assig						d Rep	,		tive							
	Prefix		First Name	_				Middle	e Nar	me						Las	t Nam	ne		
Name*	(15.10/0			la a Lavor	-1 - 4 - 11 -	-6	0	4:	-1\											
DROOF OF IDENTIF	`	per and name ar	•					optiona	aı)											
☐ A- Passport Numb	TY [Pol] OF RELATED	PERSON (PR	ease see in	Structio	ш (п) а	t trie end	1)	D	occn	ort Ev	nirv	Dat	0							
☐ B- Voter ID Card	Jei							Г	assp	ort Ex	кріі у	Dat	.е	טןט	IVI	IVI	Y	Y	YY	
C- PAN Card										_										
D- Driving Licence	•						Dri	ving L	_icen	ice Ex	cpiry	Dat	e	D D	- IVI	IVI -	_ Y	Υ .	YY	
E- UID (Aadhaar)																				
F- NREGA Job Ca																				
Z- Others (any doc										ication										
S- Simplified Mea	sures Account - Do	cument Type	code					Id	enui	icatior	II INL	imbe	31							
☐ 7. REMARKS (If	any)																			
8. APPLICANT D	DECLARATION																			
I hereby declare that the you of any changes there	e details furnished above ein, immediately. In case																			
I am aware that I may b	e held liable for it.	•						•	·		19,			[Sign	nature /	Thum	b Impr	essio	٦	
I hereby consent to rece Date: DDD-M	_	entral KYC Registry Plac		IS/Email	on the a	ibove regi	sterea nui	nber/er	пан ас	aaress.			Sian	ature /	Thumb	n Impre	ession	of An	nlican	nt
			·								_		Olgii	ataro /	THOMA	o impre	3001011	0174	pilodi	
	N / FOR OFFICE U																			
Documents Receive		•													_					
	C VERIFICATION CA		Υ			Nlara -				INS	SIII	UTIC)N D	ETAII	LS					
Date	DD-MM-					Name														
Emp. Name						Code														
Emp. Code						Emp.	3ranch													
Emp. Designation																				
	[Employee Sig	nature]									[Ins	titutio	n Sta	amp]						
In-Pe	erson Verification (IP	V) Carried Out	by							- 1	nstit	tution	n De	atails	;					
Date	DD-MM-					Name														
Emp. Name						Code														
Emp. Code						Emp	Branch													
Emp. Designation																				
Z.mp. Dooignation											[nel	titutio	n Ct	amn1						
	[Employee Sig	nature]									[1110]	acatio	Ol	~mb]						

TRADING ACCOUNT RELATED DETAILS

A. Bank Acco	unt Det	ails								
Account Type:	Saving	s Accou	ınt 🗌 Cı	urrent /	Accou	ınt				
Bank Account No	o.:									
Bank Name:										
Branch Address:										
Others In case of	f NRI / NF	RE / NRO	D:							
MICR No.:										
IFSC Code:										
B. Depository	Accou	nt Deta	ails							
Particula	rs		(1)			(2)			(;	3)
DP Name:										
DP Address:										
Depository Na	me:	CD	SL NSI	DL C	Others	(Please	Specify)	:		
Beneficiary Na	me:									
DP ID:										
Beneficiary ID	(BO ID):									
Default A/c (Any	/ One)	□Y	es 🗆 N	10		⁄es	□No		Yes	□No
		•		'						
C. Trading Pro	eference	es								
Exchanges:		BSE & N	//SEI					MC	X. NCDEX.	BSE & NSE
									,	
All Cogmonts	Cas	h /	F&O	Curr	onov	Del	ht	Car	mmodity D	orivetives
All Segments	Mutual		rαU	Cuir	ency	Dei	υι.	CO	mmodity D	envalives
If you do not wis	sh to trac	de in an	y of segme	ents / N	∕lutual	l Fund,	please	me	ention here	

D. Other Details	(For Individuals)
1. Gross Annual Income (Please Tick / Specify): Below 1 Lac	
2. Occupation (Please Tick any one & give details): Private Govt. Service Business Professional Agricular Housewife Other please specify	ulturist
3. Please Tick, if applicable: ☐ Politically exposed Person (PE☐ Related to Politically exposed Person (RPEP)☐ Not apple. 4. Any other information:	plicable
E. Past Actions	
Details of any action / proceedings initiated / pending / taken by authority against the applicant/constituent or its Partners/promote persons in charge of dealing in securities during the last 3 years:	ers/whole time directors/authorized
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: Details of Disputes / Dues pending from / to such stock broker:	
G. Additional Details	
Whether you wish to receive physical contract note or Electronic Contract	
Specify your Email id, if applicable:	chnology (please specify):
H: Introducer Details	
Name of the Introducer:(Surname) (Name)	
Status of the Introducer: Remisier Authorized Person Others, please specify	•
Address and phone no. of the Introducer:	
Phone No.:	
	Signature of the Introducer

	1/\Ma do not wish to nominate
	I / We do not wish to nominate
	DOD of Namina at D D W W V V V
PAN No. of Nominee: Address of the Nominee:	DOB of Nominee: DDMMYYYYY
Phone No. of the Nominee:	
IF NOMINEE IS A MINOR, DE	TAILS OF GUARDIAN:
Name of Guardian:	
Address of Guardian:	
	Signature of Guardian:
WITNESSES (Only applied	Signature of Guardian: cable in case the account holder has made nomination)
WITNESSES (Only applic	cable in case the account holder has made nomination)
	cable in case the account holder has made nomination) Witness 2 Name:
Witness 1 Name:	cable in case the account holder has made nomination) Witness 2 Name:
Witness 1 Name:	cable in case the account holder has made nomination) Witness 2 Name:

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		 	 	 	

Signature of the Client

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

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 inperson' 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.



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

First Holder

Sunidhi Securi Kalpataru Inspire, U	Jnit 1. 8t	h Floc	r. Opp			tt Hote	el,	Appli	icatic	n N	0.						
Santacruz (E), Mur CDSL Registration SEBI Registration I	No: IN-[DP-410	0-2019					Date	D		D	M	M	Y	Y	Y	Y
DP Internal Ref	erence	No.															
DP ID 1 2	0	2	3	5	0	0	Clie	nt ID									
(To be filled by th	e applic	ant ii	n BLO	CK L	ETTE	RS in	Englis	sh)									
I/We request y	ou to	oper	n a D	emat	Acc	ount	in m	y/our	nar	ne a	as p	oer 1	follo	wing	g det	ails	
										F	PAN						
Sole/First										Į	UID						
Holder's Name										ι	JCC	;					
								Е	xcha	ange	e Na	ame	& IE				
Second Holder's										F	PAN						
Name										Į	UID						
Third Holder's										F	PAN						
Name										l	UID						
In case of Firms Firm, Unregiste opened in the r Firm Associatio Unregistered Tru	red Tru name o n of	ust e f nati Perso	tc., a ural p on (A	Ithrouersor OP),	ugh t ns, the Part	he ad e nan Inersh	ccoun	t is the									
Details of Gua	rdian	(in c	ase t	he a	ccou	nt ho	older	is mi	nor)								
Guardian's Nam	e:																
Relationship witl	n the ap	plica	nt:					PAN	No.								
Type of Accou	ınt (Pl	ease	tick	whic	heve	er is	appli	cable)								
Status							S	ub-St	atus								
Individual	☐ Inc	dividu dividu		ector mote	Relater		count /	4/C (M	1ANT	RA)) [Ind Mi	dividi nor	ual H	irecto UF / <i>F</i> cify) .	AOP	
NRI	□ NF	RI Re	oatrial oatrial oosito	ole Pi						IRI I	Non	-Re	•	able F	Promo		
Foreign Nationa	1						•	lationa		•		•					
Educational Qu	alificati	on:	Un	der G	Gradu	ate ——	G	raduat	e [F	Post	Gra	duat	e L	Pro	fessi	onal
Name of Employ	er (if e	mplo	yed) /	Esta	blish	ment	(if sel	f Emp	loyed	I/B	usir	ness	/ Pr	ofess	ional	/ Oth	ers)
Name of Employ	er / Es	tablis	hmen	t:													
Address: City: Phone No::		Stat	e:				Coun	try:			 F	ax N	Pin (Code	· ·		
Pnone No::												٠,٠,١,١	J				

Account Statement Ro	equirement:[_As pe	SEB	Reg	ulatio	n 🔲	Dail	у 🗆]Wee	ekly	□ F	ortni	ghtly		Mont	hly
I / We instruct the DP (If not marked, the def			-		dit in	my /	our	acco	unt			[/	Autor □ Ye		Cre	- 1
I/We would like to instr account without any of default option would be	ther further in			-	_				•				<u></u> Y€	es		10
I/We request you to se	end Electronic	Transa	ction-	cum-	-hold	ng S	tater	ment	at th	e en	nail IE)	Y€	es		10
I/We would like to shar	re the email II	D with F	RTA										Ye	es		10
I/We would like to rece (Tick the applicable bo										Вс	th Ph	nysid	cal ar	nd El	ectro	nic
Authority against the A	Detail of any Action Taken / Proceedings initiated / Pending / Intiated by SEBI / Stock Exchange / Any Othe Authority against the Applicant / Constituent or it's Partners / Promoters / Whole Time Directors / Authorised Persons in charge of dealing in securities during the last three years.															
☐ No Action taken	☐ Action to	aken, P	lease	Spe	cify:											
ECS (If not marked, t	Ve wish to receive dividend / interest directly in to my bank account as given below through CS (If not marked, the default option would be 'YES' CS is mandatory for locations notified by SEBI from time to time)									No						
Bank Details (Dividend	d Bank Detai	ls)								ı						
Account Number																
IFS Code (11 Charact	ter)															
Bank Code (9 Digit M	IICR Code)															
Account Type		☐ Sa	ving		☐ Cu	rrent		Of	hers	, Ple	ase S	Spe	cify_			
Bank Name																
Branch Name																
Bank Branch Addres	ss															
City:	State:			Cou	ıntry	:				Pin	code	e:				
(I) Photocopy of the ca (II) Photocopy of the Ba (iii) Photocopy of the Pa (iv) Letter from the Ban In case of option on the docume	ank Statemen assbook havir k. ons)ii), (iii) a	t having	name and a	and addre	addr ess of	ess c	of the 30, (BO (or)								(or)
Other Details	Income Ra	s.1 Lak	h [] Rs.	1 La	kh - I					Rs.5 l 25La			Rs.10) Lak	ths
Gross Annual Income Details	Net worth F								n (D	ate)	D [M	M	Y	Y	Υ

Occupation	□ Private Sector □ Public Sector □ Govt. Service □ Business □ Professional □ Agriculturist □ Student □ Retired □ Housewife □ Other please specify
Please tick, if applicable:	 □ Not Applicable □ Politically Exposed Person (PEP) □ Related to Politically Exposed Person (RPEP)
Any other information:	
SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	Mobile No. +91 [(Mandatory, if you are giving Power of Attorney (POA)] if POA is not granted & you do not wish to avail of this facility cancel this option).
EASI	To register for <i>Easi</i> , please visit our website www.cdslindia.com <i>Easi</i> allows a BO to view his ISIN balance, transactions and value of the portfolio online.

This space is intentionally kept blank

Additional Details - Second Holder

Second Holder Name:
I understand that as per the guidelines prescribed by the SEBI, the client is required to share their financial information to the stock broker on periodic basis. In view of these guidelines, please find my financial details as mentioned below.
Income Range (Per Annum); (Tick where applicable)
☐ Up to Rs.1 Lakh ☐ Rs.1 Lakh - Rs.5 Lakhs ☐ Rs.5 Lakhs - Rs.10 Lakhs
☐ Rs. 10 Lakhs - Rs. 25Lakhs ☐ More than Rs. 25Lakhs
Net worth Rs as on (Date) M M Y Y Y Y (Net worth should not be older than one year)
Occupation (Please tick ✓ any one and give brief details below):
☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional
☐ Agriculturist ☐ Student ☐ Retired ☐ Housewife
Other please specify
PEP (Politically Exposed Person) Declaration, Please tick ✓ in applicable (For Defination of Politically Exposed Person, please refer guideline)
☐ Not Applicable
☐ Politically Exposed Person (PEP)
Related to Politically Exposed Person (RPEP)
Details of any action taken / Proceeding Initiated / Pending / Initiated by SEBI / Stock Broker / any other authority against the applicant / Constituent or it's Partner / Promoters / Whole time Director / Authorised Persons in charge of dealing in the securities during the last three years.
☐ No Action Taken
☐ Action Taken
Please give details if any:

This space is intentionally kept blank

Additional Details - Third Holder

Third Holder Name:
I understand that as per the guidelines prescribed by the SEBI, the client is required to share their financial information to the stock broker on periodic basis. In view of these guidelines, please find my financial details as mentioned below.
Income Range (Per Annum); (Tick where applicable)
☐ Up to Rs.1 Lakh ☐ Rs.1 Lakh - Rs.5 Lakhs ☐ Rs.5 Lakhs - Rs.10 Lakhs
☐ Rs. 10 Lakhs - Rs. 25Lakhs ☐ More than Rs. 25Lakhs
Net worth Rs as on (Date) M M Y Y Y Y (Net worth should not be older than one year)
Occupation (Please tick ✓ any one and give brief details below):
☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional
☐ Agriculturist ☐ Student ☐ Retired ☐ Housewife
Other please specify
PEP (Politically Exposed Person) Declaration, Please tick ✓ in applicable (For Defination of Politically Exposed Person, please refer guideline)
☐ Not Applicable
Politically Exposed Person (PEP)
Related to Politically Exposed Person (RPEP)
Details of any action taken / Proceeding Initiated / Pending / Initiated by SEBI / Stock Broker / any other authority against the applicant / Constituent or it's Partner / Promoters / Whole time Director / Authorised Persons in charge of dealing in the securities during the last three years.
□ No Action Taken
☐ Action Taken
☐ Please give details if any:

This space is intentionally kept blank

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

FORM FOR NOMINATION

(To be filled by individual applying singly or jointly)

Date	D D M	M Y Y Y	Y DP ID	1 2 0	2	3 5	0	0	Client I	D				T	\top		
UCC	Code:																
		ke a nomination.	. [As per deta	ails given	belo	w]											
	nination Details																
		nomination and unt in the event			the f	ollowir	ng p	ers	on(s) w	ho sh	ıall r	ecei	ve all	the	e as	sse	ts
	Nomination c upto three no in the accoun	minees		ails of ominee		4			ls of minee				Detai d No			·	
1		e Nominee(s) /Ms.)															
2	Share of each	Equally [If not equally,			%					%						O	%
	Nominee	please specify percentage]	Any odd mentione	lot after died in the fo	ivisio orm.	n sha	ll be	tra	nsferre	d to t	he fi	irst n	omin	ee			
3	Relationship Applicant (If	With the Any)															
	Full Address (Address Lines	of Nominee(s)															
4	City / Place: State & Count Pin Code:)																
5	Mobile / Telep Nominee(s)*	ohone															
6	Email ID of No	ominee(s)*															
		tification details* one of following ails of same]															
7	☐ Photograph	n & Signature Aadhaar															
	☐ Saving Ban	k account no.															
	☐ Proof of Ide																
		Sr. Nos.	8-14 shoul	d be filled	d on	ly if no	omi	nee	e(s) is a	min	or:						
8	Date of Birth {in case of min	nor nominee(s)}															
9	Name of Guard (in case of min	dian (Mr./Ms.) nor nominee(s)}															
10	Address of G (Address Lines City / Place: State & Count Pin Code:)	s:															

11	Mobile / Telepho Guardian(s)*	ne					
12	Email ID of Guard	dian(s)*					
13	Relation of Guar with nominee*	dian					
14	Guardian Identifica [Please tick any one and provide details □ Photograph & 3 □ PAN □ Aad □ Saving Bank a □ Proof of Identit □ Demat Accoun	e of following of same] Signature haar ccount no.					
			Na	me(s) of H	lolder(s)	Signa	ture(s) of Holder(s)*
Sole	/ First Holder (Mr. /	/ Ms.)					
Seco	nd Holder (Mr. / M	s.)					
Third	Holder (Mr. / Ms.)						
	<u> </u>	·	Name and	Signature o	f Holder(s)	*	
Na	ame of Sole / First	Holder:	Name of S	Second Hold	der:	Name of T	hird Holder:
Signa	ature:		Signature:			Signature:	
_	ature of witness, alo d of signature (in b	•					fixes thumb impression,
			Det	ails of witn	ess		
Nam	e of witness						
Addr	ess of witness						
Signa	ature of witness						

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

Declaration Form for Opting Out of Nomination

To,

Address of witness

Signature of witness

Sunidhi Sec Kalpataru Insp Santacruz (E) CDSL Registra SEBI Registra	oire, Unit , Mumbai ation No.:	1, 8th Floor, - 400 055. : IN-DP 410-	Opp. Grand -2019.	Hyatt H	otel,					
DP ID			1	2	0	2	3	5	0	0
Client ID										
UCC Code										
Sole / First F	older Na	ame								
Second Hold	ler Name)								
Third Holder	Name									
claiming of as		•	based on the	value o		eld in the				by Court
Name of S	ole / First	Holder:	Name o	f Secor	ıd Holder:		Name o	of Third H	lolder:	
Signature:			Signature	:			Signatu	re:		
*Signature of w instead of signa		•					ount holder	affixes t	humb imp	ression,
			D	etails o	of witness	;				
Name of witne										

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

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:

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

Availability:

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

Receiving Alerts:

- 1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
- 2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
- 3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
- 4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.

- 5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
- 6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
- 7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be underany 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.

(Please cancel out what is not applicable). **BOID** (Please write your 8 Digit DPID) (Please write your 8 Digit Client ID) Sole / First Holder Name: **Second Holder Name Third Holder 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 Holder Second Holder Third Holder** Place:

I/We provide the following information for the purpose of **REGISTRATION/MODIFICATION**

This space is intentionally kept blank

Date:

FATCA Annexure for Individual Accounts

(Please	Details under FATCA and CRS (see instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)							
DP ID 1 2	DP ID 1 2 0 2 3 5 0 0 Client ID Client Code:							
Particula	ars	1st	Holder	2nd Holder		3rd Holder		
Name								
Pan								
Nationality								
City of Birth								
Country Of E	3irth				<u> </u>			
Occupation								
	Tax residence declaration – tick any one, as applicable to you: I am a tax resident of India and not resident of any other country							
Or I am a tax resident of the country/ies mentioned in the table below								
Particulars	Co	ountry [#]	Tax Identifi	cation Number [%]	Identif	ication Type (TIN or Other [%] , please specify)		

Particulars	Country*	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)
1st Holder			
2nd Holder			
3rd Holder			

^{*}To also include USA, where the individual is a citizen/ green card holder of USA

Certification

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

Place:			Date:		D	M	M	Y	Υ	Y	Υ
F14		F14		7	F1	4					
XX		XX			X	K					
	First Holder Signature		Second Holder Signatu] re			Third	Hold	er Si	anatı	ıre

FATCA Terms and Conditions

Details under FATCA-CRS/Foreign Tax Laws: 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. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

⁸ In case Tax Identification Number is not available, kindly provide function al equivalent

FATCA-CRS Instructions

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please note that you may receive more than one request for information if you have multiple relationships with Sunidhi Securities & Finance Limited. or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	 If no Indian telephone number is provided Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Power of attorney/ signatory authority granted to a person with address in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

^{*} Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

CAS	1101		
1.45		- (- 1 V I	$-\mathbf{N}\mathbf{I}$
	91		

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

F & O SEGMENT

Brokerage	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			

SHARING RATIO

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

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

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

CTCL Mapin ID		

Signature	

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

Annexure - A

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

Services	Basic Service Demat Account (BSDA) (Rs.)	Normal Demat Account			
	1) Nil for holding upto Rs. 400,000/-	Scheme A	Scheme B	Scheme for NRI	
Annual Maintenance Charge	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. 5	50/- Postal cha	rges 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			

l have observed and understood the Depository Tariff structure for Basi (BSDA) and Normal Demat Account. Hence I undertake as follows :	c Service Demat Account
I Wish to opt for BSDA	
I do not wish to opt for BSDA	
Statemente :	Client Signature

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 nonexecution 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 1 month 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/Sole Holder	Seco	nd Holder	Third	d Holder			
	For Office Use Only						
Client	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	\ \ \	/I IVI	Y	Y	Y	Y
DP ID				Client ID							
				Client ID							
First Holder Name											
Second Holder Name											
Third Holder Name											
To, Sunidhi Securities & Fir Kalpataru Inspire, Unit 1, 8t Santacruz (E), Mumbai - 40	th Floor, Opp. (,	Hotel,								
Dear Sir / Madam, I / We hereby state that:			[Sele	ct one of the op	otions g	iven	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	T										
	First Ho	der Name		Second Holde	er Nam	е	Thi	rd Ho	older	Nan	ne
Name											
Signature											
			- OR								
OPTION 2: I / We do not require the Deregistered for eDIS / exe (name of the attorney / Clexchange trades [settleme Member / by PMS manage Slip (DIS) booklet should be Yours Faithfully	cuted PMS age earing Member ent r elated tra er or for execut	greement ir er / PMS mansactions] ing delivery	n favou anage effecte instruc	ur of/with r) for executing ed through suc ctions through e	delive h Powe	ry in:	struction Attornover, the	ons for ey Ho e Deliv	or set	ting :	stock aring
	First Ho	der Name	;	Second Hold	er Nam	е	Thi	rd Ho	older	Nan	ne
Name											
Signature											
		•		Here)							
Received OPTION FORI	M FOR ISSUE		•	nt Receipt DIS BOOKLE	ET FOR	M					
DP ID				Client ID							
First Holder Name									1	1	1
Second Holder Name											
Third Holder Name											

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

- 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 representaties and dealers) to trade in your trading account on their own without taking specific insstructio 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 pledgge of securities om 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 permited 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 tari ffsheet provides the charges that the stock broker will levy on you.
- 4. All securitiespurchased by you will be transferred to your demat account within one working day of the payout. In case of securitiespurchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days afer the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories afer creaatina login.
- 5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporationsduly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the timeof quarterly/monthly seettlem t. 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.
- You may give a one-timeDemat Debit and Pledge Insstructio(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 informatio(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/ecourse from SEBI/stock exchanges ffor participation in such schemes.

Date:								
-------	--	--	--	--	--	--	--	--

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

- 1. I/we have furnished all the details required in the KYC form as per SEBI/Exchange/DP requirements, I confirm having read/been explained and understood the contents of the KYC documents which are provided to me in separate booklet. The KYC document booklet includes the following:
 - a) Rights and Obligations of the parties (including additional rights and obligations in case of internet and wireless technology based trading) prescribed by SEBI and Stock exchanges
 - b) Combined Risk Disclosure Documents (RDD) prescribed by SEBI and Stock exchanges
 - c) Guidance note detailing Do's and Don'ts for trading in the Stock Exchanges
 - d) Policies and Procedures as prescribed by SEBI)
 - e) Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients
 - f) Investor Charter of DP and Stock Broker
- 2. I / we understand and agree that any amendment/modifications as required by the exchanges/DP and/or regulators will be applicable to me at all point of time.
- 3. I / we understand that the KYC document booklet is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening trading/DP account.
- 4. I/we have received the booklet with above mentioned contents.
- 5. I/we hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be faise or untrue or misleading or misrepresenting, I am aware that I may be held liable for termination and suitable action..
- 6. I / we confirm having read/been explained and understood the contents of documents in policy and procedure, Rights and obligations documents, Risk disclosure documents and demat tariff sheet and 1/we do hereby agree to bound by such provisions as outlined in these documents. I/we have also been informed that a standard set of documents has been displayed for information on Stock Broker's / Depository Participant's designated website.
- 7. I / we have received and read copy of all above documents and agree to abide by the same and by the byelaws and all rules and regulations as in force from time to time.
- 8. I / We also agree to furnish such other information and/or documents as and when you and/or the Exchanges and/or the SEBI may require from me/us. I/We agree that if I/We fail to give such information, you shall have the right to cancel my/our registration and debar me/us from doing business both in the Capital Market (Cash) and Derivative Market (F&O)/Currency and Mutual Fund Segment of the Exchanges. I/We am/are aware that I/we may be held liable for the appropriate action.
- 9. 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 Limited whenever there is a change in my/our residential address (Applicable for NRI Clients).
- 10. 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)



		Self-Declarati	on	
Kalpataru Inspir	rities & Finance re, Unit 1, 8th Floor Mumbai - 400 055.	Limited, , Opp. Grand Hyatt Hotel,		
Dear Sir,				
Sub: Sel	f-Declaration to	accept common E-Mail	ID and Mobile Nu	umber in my KYC.
	our KYC as it is	ecurities & Finance Ltd. s s being commonly used b		
TRADING CODE	DEMAT No.	CLIENT NAME	MY / OUR MOBILE NO.	MY / OUR EMAIL ID
,		ID is belong to my / our fa	ımily member	
☐ Self	mber who include dent Children		Spouse Dependent Parent	s
,		bile no. and / or Email id dividual capacity.	of the authorised	person held by the said
ound untrue esponsibility	or false, I/we h	rmation provide above and the communications object the communications object the communications object.	nally for the sam	ne. It shall be my/our
rom and againg and /	inst all costs, cha	keep Sunidhi Securities a arges, damages, penalti nidhi Securities and Fina e declaration.	ies (including rea	sonable attorney fees)
Yours Faithfu	ılly,			
Signature of t	the applicant / A	uthorised Signatory		
Date D D		YYY		

		voluntary Documents
Kalp	atarı	Securities & Finance Limited, Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, z (E), Mumbai - 400 055.
	Su	o: Authority Letter for Running Account across all segments of all Exchanges
		☐ YES ☐ NO
1.	acc	e hereby expressly authorize you to maintain my/our fund account with you on a running ount basis instead of settlement to settlement clearance of dues and/or delivery of curities 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 PLEDGEACCOUNT (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.
DA	TE	D D M M Y Y Y Y Clients Signature

-		
	\mathbf{a}	
	v	٩

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 □N	IC
---------	----

- 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

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** Clients Signature

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

Name	Sunidhi Securities & Finance Ltd.
Authorised Signatory	

Signed for and on behalf of Client

Name	
Authorised Signatory	

DATE



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

-		
	()	
	$\mathbf{\circ}$	

Sunidhi Securities & Finance Limited,

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

- 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

YES

NO

To,

Sunidhi Securities & Finance Limited,

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

Undertaking cum Authority letter:-

- 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

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



CIN No.: U67190MH1985PLC037326