

Navkar Share & Stock Brokers Pvt. Ltd.



Registered Office: 603/A, 6 th Floor, Tower A, World Trade Center, Gift City, Gandhinagar, Gujarat-382355	Phone: Website: www.navkardirect.com
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Correspondence Office Address: 201/A, Shivalik Corporate Park, B/h IOC Petrol Pump, Shivranjani, Satellite, Ahmedabad-380015	Phone: 079-26922424 Fax: 079-26924040 Website: www.navkardirect.com
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Exchange & Segment	SEBI Registration No.	Date of Registration
BSE-Cash	INZ000200531	14/09/2018
BSE-FO	INZ000200531	14/09/2018
BSE-CDS	INZ000200531	17/11/2013
NSE-Cash	INZ000200531	14/09/2018
NSE-FO	INZ000200531	14/09/2018
NSE-CDS	INZ000200531	14/09/2018
CDSL-DP-ID	IN-DP-CDSL-172-2002	24/05/2000

Designation & Name	Contact No:	Email Id:
Compliance Officer Name : Mr. Pradip Shah	(o): 079-26922424	pradip@navkardirect.com
CEO Name : Mr. Pradip Shah	(o): 079-26922424	pradip@navkardirect.com

For any grievances/ dispute please contact NAVKAR SHARE AND STOCK BROKERS PVT LTD at the above address or e-mail id- helpdesk@navkardirect.com or Phone No: 079-26922424.
In case not satisfied with the response, please contact concerned exchange(s) at:

Exchange	E-mail	Phone
BSE	is@bseindia.com	022-2272 8097
NSE	ignse@nse.co.in	1800 2660 058

ACCOUNT OPENING KIT INDEX

Sr. No.	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1	Account Opening Form	A. KYC form – Document captures the basic information about the consultant and an instruction/check list. B. Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	1-9
2	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	10
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
3	Running Account Authorization	Documents authorizing the member to maintain running account of client instead of settlement wise accounting of funds and securities.	11
4	Confirmation & Noting	Documents confirming consent & noting by client	12
5	SMS Email Consent Letter	Consent form for Receiving Trade alerts through SMS and / or Email.	13
6	POA	POA for pay-in of securities for the purpose of settlement	14-15
DEMAT ACCOUNT OPEN DOCUMENTS			
7	Account opening form	Documents captures the additional information about the constituent relevant to DEMAT account.	16-21
8	SMS Alerts from CDSL	Terms and Conditions-cum Registration / Modification form for receiving SMS Alerts from CDSL	22-23
9	Tariff Sheet	DP Tariff Sheet	24
10	Form for DIS issue	Option form for issue of DIS Booklet	25
11	BSDA declaration	Declaration for availing of BSDA facility	26

Clearing Member Name:	Globe Capital Market Ltd.
Registered Office Address:	609, Ansal Bhawan, 16 Kasturba Gandhi Marg, New Delhi-110001
Phone:	+91-11-30412345
Email:	mail@globalcapital.com

Exchange & Segment	SEBI Registration No:
BSE-FO	INZ000177137
BSE-CDS	INZ000177137
NSE-FO	INZ000177137
NSE-CDS	INZ000177137

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

(Please fill the form in English and in BLOCK Letters)

Fields marked with '*' are mandatory fields

Application ☐ New

Type*

☐ Update

KYC Number*

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KYC Type*

☐ Normal

(PAN is mandatory)

☐ PAN Exempt Investors

(Refer instruction K)

1. Identity Details (Please refer instruction A at the end)PAN

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Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name																																																														
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Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin																																																															
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector																																																															
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student																																																															
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised																																																																

Photo

Signature/
Thumb Impression**2. Proof of Identity (PoI)*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D	<table border="1"><tr><td>M</td><td>M</td></tr></table>	M	M	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y										
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3. Proof of Address (PoA)*☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)**Address**

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Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified																																											

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

<input type="checkbox"/> Passport Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D	<table border="1"><tr><td>M</td><td>M</td></tr></table>	M	M	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y										
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☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

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

Line 1*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					City / Town / Village*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
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4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address
Line 1*
Line 2
Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

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

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

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

☐ Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number Passport Expiry Date --

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date --

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: -- Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. 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 the list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. 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.

A. Clarification / Guidelines on filling 'Identity Details' section

1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
3. 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.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

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.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, 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; Identity card with applicant's photograph and 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; and Credit cards/Debit cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, 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; Identity card with applicant's photograph and 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; and Credit cards/Debit cards issued by Banks.

F. Clarification / Guidelines on 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.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. 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).
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.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

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.

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

Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only
(To be filled by financial institution)

☐ New☐ Update/Change

KYC Number

[illegible]

(Mandatory for KYC update request)

☐ Same as Current / Permanent / Overseas Address details

Line 1*																																															
Line 2																																															
Line 3																										City / Town / Village*																					
District*											Zip / Post Code*															State/UT Code							as per Indian Motor Vehicle Act, 1988														
State/UT																					Country*										Country Code							as per ISO 3166									

☐ **2. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile – Tel. (Off) – Tel. (Res) –

Fax –

3. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

D	D
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 -

M	M
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 -

Y	Y	Y	Y
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[illegible]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Annexure B1 – Addition/Deletion of Related Persons

Fields marked with “*” are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update/Change

KYC Number

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(Mandatory for KYC update request)

☐ **1. Details of Related Person** (In case of additional related persons, please fill ‘Annexure B1’) (please refer instruction **G** at the end)☐ Addition of Related Person☐ Deletion of Related Person

KYC Number of Related Person (if available*)

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Related Person Type*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Name*

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Prefix

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First Name

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Middle Name

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Last Name

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

Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)☐ A- Passport Number

Passport Expiry Date

D	D																
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☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence☐ E- Aadhaar Card☐ F- NREGA Job Card

Driving Licence Expiry Date

D	D																
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☐ Z- Others (any document notified by the central government)

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Identification Number

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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 hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

D	D																
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Place:

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[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by**

Date

D	D																
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Emp. Name Emp.

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Code

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Emp. Designation

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Emp. Branch

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[Employee Signature]

Institution Details

Name

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Code

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[Institution Stamp]

Annexure – 3
TRADING ACCOUNT RELATED DETAILS
For Individuals & Non-individuals

A. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank account no.	Account Type: Saving/Current/ Others-In case of NRI/NRE/NRO	MICR Number	IFSC code

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary name	DP ID	Beneficiary ID (BO ID)

C. TRADING PREFERENCES

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

Name of the Exchange	Segments		
	CASH	FO	CURRENCY
BSE			
NSE			

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

Other Details Gross Annual Income Details	Income Range per annum:									
	Up to Rs.1,00,000 Rs 1,00,000 to Rs 5,00,000 Rs 5,00,000 to ` 10,00,000									
	Rs 10,00,000 to Rs 25,00,000 More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
[Net worth should not be older than 1 year]										

Whether you wish to receive R&O, RDD and Do's & Don'ts in * Physical * Electronic

D. 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:

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

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

Sub-broker's Name: SEBI Registration number:

Registered office address:

Ph: Fax: Website:

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

Name of stock broker:..... Name of Sub-Broker, if any:.....

Client Code: Exchange:

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

F. 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, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others:

▪ Any other information:

.....

G. INTRODUCER DETAILS (optional)

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

Status of the Introducer: Sub-broker / Remisier /Authorized Person /Existing Client / Others,

please specify..... Address and phone no. of the Introducer:

.....Signature of the Introducer:

H. NOMINATION DETAILS (for individuals only)

I/We wish to nominate I/We do not wish to nominate

Name of the Nominee: Relationship with the Nominee:

PAN of Nominee: Date of Birth of Nominee:

Address and phone no. of the Nominee:

If Nominee is a minor, details of guardian:

Name of guardian: Address and phone no. of Guardian:

.....Signature of guardian

WITNESSES (Only applicable in case the account holder has made nomination)

Name

Name

Signature

Signature

Address

Address

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

Signature of Client/ (all) Authorized Signatory (ies)

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.

.....
Signature of the Authorised Signatory

Date

Seal/Stamp of the stock broker

TARIFF SHEET

A. Brokerages

Cash Segment

	Same day 1 side		Same day 2 side		Delivery		Auction
	Min	%	Min	%	Min	%	%
CASH							
Minimum Brokerage Rs. 20/-per Contract-Subject to maximum permissible brokerage limit							

Derivative Segment

	Same day 1 side			Same day 2 side			Any day Side		
	Min	%	Per Lot	Min	%	Per lot	Min	%	Per Lot
FUTURE									
OPTION									
Minimum Brokerage per lot				Future Rs.			Option Rs.		

Currency Derivative Segment

	Same day 1 side			Same day 2 side			Any day Side		
	Min	%	Per Lot	Min	%	Per lot	Min	%	Per Lot
Currency Future									
Currency Option									
Minimum Brokerage per lot				Future Rs.			Option Rs.		

B. Statutory Levies/Charges

Following statutory levies shall be levied as applicable from to time.

- i. Security Transaction Tax
- ii. Stamp Duty
- iii. GST
- iv. Any other charge levied by Central/State Government

C. Regulatory Levies/Charges

- i. Exchange Transaction Charge
- ii. Clearing Charges
- iii. SEBI Turnover Fees
- iv. Any other charges levied by Stock Exchange/Clearing Corporation/SEBI

D. Penalty

Penalties levied by the Exchange, SEBI and other authorities due to act of client are recovered from the clients. Such penalty may include, Short Margin Penalty, Code Modification Penalty, etc.

E. Other Charges

- i. Minimum Contract Charges @ Rs. 20/- per contract - Subject to maximum permissible brokerage limit.
- ii. Inter settlement, adjustment & beneficiary payout charges Rs. 18/- per Instruction.
- iii. Delayed payment penalty @ 21.99% per annum or part thereof or such other rate as may be determined by the stock broker.
- iv. Cheque return charges Rs. 200/- or 1% of Cheque amount whichever is higher.
- v. KRA/CKYC Charges
- vi. Applicable statutory charges will be charged extra on all above charge.

Client Signature : _____

RUNNING ACCOUNT AUTHORIZATION

I/We hereby authorize(s) the MEMBER to maintain a running account, instead of settlement to settlement clearance of funds / securities due to me/us.

The payout of funds / securities may be retained by the MEMBER and no interest shall be payable, by the MEMBER on such securities / funds so retained.

I/We also authorize(s) the MEMBER to consider the funds/securities so retained by the MEMBER towards collateral margin for allowing enhanced gross exposure to me/us.

I/We agree(s) that the MEMBER shall not be liable for any claim for loss of profit, or for any consequential, incidental, special or exemplary damages, caused by retention of such securities / funds under this document or otherwise.

On written request of the CLIENT the MEMBER may release funds/securities to him, if sufficient margins in respect of his trading, across the Stock Exchange(s) and across the segments of the stock exchange(s) are available with the MEMBER, within one working day of the request if the same are lying with him and within three working days from the request if the same are lying with the Clearing Member/Clearing Corporation.

Notwithstanding anything contained in this authorization, the actual settlement of funds and securities shall be done by members as per my preference given hereunder. Such actual settlement shall be done as per SEBI and exchange directives. There shall be no inter-client adjustments for the purpose of settlement of the 'running account'.

Account Settlement Preference : ☐ Monthly ☐ Quarterly

To avoid the administrative/operational difficulties in setting my/our account, I/We request you to retain an amount of up to 10,000/- (Rupees Ten Thousand Only) (net amount across segment and across stock exchanges) as per SEBI and Exchange directives.

This authorization may be revoked at any time by me/us by giving written notice to the member.

Client Code:

Client Name:

Date of Authorization:

Client Signature:

(To be signed by client himself and not by any authorised person on his behalf or holder of the Power of Attorney)

CONFIRMATION OF NOTING

We confirm that we have made note of the following:

1. That you trade in your OWN/PRO account.
2. That your investor grievance email ID is helpdesk@navkardirect.com
3. That I have read all the mandatory and voluntary terms and conditions and do consent for the same.
4. That we have to furnish I update Financial Details every year to the Member as per SEBI / PMLA requirements.
5. That I/We have read/understood the Anti Money Laundering, Policy & Procedure and I know that the same is made available on your website www.navkardirect.com
6. That I/We agree/s that I/We am/are responsible for clearing out my debit ledger balance to NIL at least once in a Calendar Quarter/Month.
7. Receiving Documents as part of Account Opening Kit:

I / We wish to receive the following documents in Physical Form / Electronic Form. I know that the same is made available on your website www.navkardirect.com – Online Trading and also in VERNACULAR LANGUAGE. Download same from BSE Website Link : http://www.bseindia.com/investors/client_regislanguages.aspx?expandable=3 or NSE website Link : https://www.nseindia.com/membership/content/conplinc_trading_mem.htm

1. Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)
2. Uniform Risk Disclosure Documents (for all segments/ exchanges).
3. Guidance Note detailing Do's and Don't for trading on stock exchanges.

That any Voluntary terms and conditions which is in violation of exchange/SEBI rules and regulations and circular issued from time to time shall become null and void.

Thank you,

(Signature of the Client)

CONSENT FORM FOR RECEIVING TRADE ALERTS THROUGH SMS AND/ OR E-MAIL

To,
 NAVKAR SHARE & STOCK BROKERS PVT. LTD.
 Member : BSE-NSE-MCX-SX
 201/A, Shivalik Corporate Park,
 B/h. IOC Petrol Pump,
 Shivranjani, Satellite,
 Ahmedabad-380015

Date :

Dear Sir,

I/ we, _____, a Client with NAVKAR SHARE & STOCK BROKERS PVT LTD., Member BSE, NSE & MCX-SX undertake as follows:

- I/ We are aware that BOMBAY STOCK EXCHANGE LTD (BSE) / National Stock Exchange of India Ltd. (NSE) / MCX STOCK E XCHANGE LTD. (MCX-SX) provides the details of the trades executed on its trading platform to the concerned clients/ constituents through SMS and E-mail alerts.
- I/ We are aware that the Member has to provide the trade details through SMS/ E-mail alerts for my convenience at my request only.
- I/ We hereby confirm that I/ we wish to receive the trade alerts through:
 - a. SMS:
 - b. E-mail:
 - c. SMS and E-mail:
- The alerts should be sent on
 - a. Mobile Number:
 - b. Email Address: _____

I/ we hereby agree to the terms and conditions specified by the Exchange circulars/ clarifications issued by the Exchange from time to time in this regard. We are also aware that this is an additional facility provided by the Exchange and we shall not solely rely or use such data for any purpose and, Exchange shall not be liable for any direct or indirect loss of any nature because of providing this additional facility.

Client Name : _____

Client Signature : _____

Unique Client Code : _____

PAN : _____

Additional KYC Form for Opening a Demat Account

For Individuals 5

NAV KAR SHARE & STOCK BROKERS PVT. LTD.

201-A, Shivalik Corporate Park, B/h. IOC Petrol Pump, Shivranjani, Satellite, Ahmedabad-380015

DP ID : 26800 DP SEBI REG. NO. IN-DP-CDSL-172-2002

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y							
DP Internal Reference No.																	
DP ID	1	2	0	2	6	8	0	0	Client ID	0	0						

(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:-

Holders Details

Sole / First Holder's Name		PAN															
	UCC Exchange Name & ID BSE-111 NSE-M51406	UID															
		UCC															
Second Holder's Name		PAN															
		UID															
Third Holder's Name		PAN															
		UID															

Na me *	
<p>*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.</p>	

Type of Account (Please tick whichever is applicable)

Status	Sub – Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others (specify) _____ _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We would like to share the email ID with the RTA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)			

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]

Bank Code (9 digit MICR code)										
IFS Code (11 character)										
Account number										
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country		PIN code				

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of 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.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ` 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
<i>[Net worth should not be older than 1 year]</i>										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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).												
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No												
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST												
	<table border="1"> <thead> <tr> <th><u>Stock Exchange Name/ID</u></th> <th><u>Clearing Member Name</u></th> <th><u>Clearing Member ID (Optional)</u></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>		<u>Stock Exchange Name/ID</u>	<u>Clearing Member Name</u>	<u>Clearing Member ID (Optional)</u>								
<u>Stock Exchange Name/ID</u>	<u>Clearing Member Name</u>	<u>Clearing Member ID (Optional)</u>											
Easi	To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.												

Nomination Details

Nomination Registration No.	Dated

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

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

☐ I/We **nominate** the following persons s -who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

<u>Nomination Details</u>	<u>Nominee 1</u>	<u>Nominee 2</u>	<u>Nominee 3</u>
<u>Nominee Name :</u> <u>*First Name:</u> <u>Middle Name:</u> <u>*Last Name</u>			
<u>Nomination Details</u>	<u>Nominee 1</u>	<u>Nominee 2</u>	<u>Nominee 3</u>
<u>*Address:</u>			
<u>*City</u>			
<u>*State</u>			
<u>*Pin</u>			
<u>*Country</u>			
<u>Telephone No.</u>			
<u>FAX No.</u>			
<u>PAN No.</u>			
<u>UID</u>			
<u>Email ID</u>			
<u>*Relationship with the BO:</u>			
<u>Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy</u>			

<u>Name of the Guardian of Nominee (if nominee is a minor)</u> <u>*First Name:</u> <u>Middle Name:</u> <u>*Last Name</u>			
<u>*Address of the guardian of nominee:</u>			
<u>*City</u>			
<u>*State</u>			
<u>*Country</u>			
<u>*PIN</u>			
<u>Age</u>			
<u>Telephone</u>			
<u>Fax No.</u>			
<u>Email ID</u>			
<u>*Relationship of the Guardian with the Nominee</u>			
<u>*Percentage of allocation of securities</u>			
<u>*Fractional allocation of the securities if any [please tick the respective nominee, (any one) if tick not marked default will be first nominee]</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : The nominee residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then

the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

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

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

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

I / We have received and read the Rights and Obligations document and 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 agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

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

(Signatures should be preferably in blue ink).

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

Acknowledgement Receipt

Application No.:

Date:

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

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

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

Definitions:

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

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

Availability:

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

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

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

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

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

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

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

BOID

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

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which
messages are to be sent

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

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

The mobile number is registered in the name of: _____

Email ID: _____

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

Signatures

Sole / First Holder

Second holder

Third Holder

Place: _____

Date: _____

NAV KAR SHARE & STOCK BROKERS PVT. LTD.

Regi. Office : 3, Vimla, Old Sharda Mandir, Ellisbridge, Ahmedabad-380006
Corporate Office : 201/A Shivalik corporate Park, B/h IOC Petrol Pump, Shivrangani, Satellite,
Ahmedabad-380 015 Ph. : (079) 26922424 Email Id : helpdesk@navkardirect.com



DP - CDSL

TARIFF FOR DP SERVICES w.e.f. 01/05/2017

Sr.No.	DESCRIPTION	SCHEMES
1.	Account opening charges	NIL
2.	Agreement & Form Charges	NIL
3.	Advance Annual Maintenance charges (other than Corporate) Corporate Account	Rs. 300/- Rs. 1200/-
4.	Off-Market / Market-Buy	Nil
5.	Off-Market / Market-Sale (NAV KAR DP) Off-market/ Market-sale to Other Depository transfer	Rs.18/- Per Txn. Rs.30/- or 0.05% of the Market value Per Txn. (whichever is higher)
6.	Inter Depository Sale	Rs. 30/- or 0.05% of the Market value Per Txn. (Whichever is higher)
7.	Same Day Pay-in [Late fees]	Rs.50/- Per Txn.
8.	Custodian Charges	Nil
9.	Demat Charges	Rs.100/- Postage + Rs.5/- Per Certificate
10.	Remat Charges	Rs.100/- Request + Rs.15/- Per Certificate
11.	Pledge Charges (a) Creation (b) Closure (c) Invocation	Rs. 50/- per Txn Rs. 50/- per Txn Rs. 100/- per Txn
12.	On Demand : Additional Holding / Transaction Client Master Modification Request On request Client Master Copy KRA Charges – Per Pan	Rs. 5/- per page, subject to minimum Rs.10/- Rs. 60/- & For Address Modification, additional Courier Charges Rs. 60/- Rs. 50/- Rs. 50/-
13.	Delivery Instruction Slip	Rs. 10/- per Slip [Min. 4 slips will be issued]
14.	Account Closing Charges	NIL

SPECIAL FEATURES

- **Easi & Easiest facilities** are available for Beneficiary Owners for viewing, downloading and printing their holding and transaction details through Internet, which is registered through CDSL website www.cdslindia.com. For more information & registration contact nearest NAV KAR branch.
- Same day Transfer of Securities.
- Transaction Statement and Holding Statement on Monthly basis, Quarterly basis as per CDSL norms.

NOTES :-

- Annual Maintenance Charges are to be paid in advance.
- In case of delays in the payment of charges within the due date, the demat account will be frozen for all operation till such time all dues are cleared.
- All instruction for market Transfer must be received at least 24 hours before the execution date. Late instruction would be accepted at the account holder's sole risk and responsibility.
- Any services not mentioned above will be charged separately.
- We resume the rights to change the service charges with 30 days prior notice.
- **Service tax as applicable will be charged extra on all above services.**

DECLARATION

I declare and abide myself from the above charge schedule and respective terms and conditions relating to the account.

HOLDERS SIGNATURE

1. _____ 2. _____ 3. _____

POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

TO ALL TO WHOM THESE PRESENTS SHALL COME I _____,
_____(name of the BO), India, Indian
inhabitant SEND GREETINGS.

Whereas I hold a Beneficiary account no. _____ (BO-ID)
with Central Depository Services (India) Limited, through **NAV KAR SHARE & STOCK BROKERS
PVT. LTD.** bearing DP-ID **12026800**.

And Whereas I am an investor engaged in buying and selling of securities through **NAV KAR SHARE
& STOCK BROKERS PVT. LTD.**, a member of **Bombay Stock Exchange Ltd.** And **National Stock
Exchange of India Ltd.**, bearing SEBI registration No. **INZ000200531** Client Code :
_____.

And Whereas due to exigency and paucity of time, I am desirous of appointing an agent/attorney to
operate the aforesaid beneficiary account on my behalf for a limited purpose in the manner hereinafter
appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I THE ABOVENAMED DO
HEREBY NOMINATE, CONSTITUTE/ AND APPOINT **NAV KAR SHARE & STOCK BROKERS
PVT. LTD.** as my true and lawful attorney (hereinafter referred to as the attorney) for me and on my
behalf and in my name to do instruct the aforesaid Depository Participant to debit securities and/or to
transfer securities from the aforesaid account for the purpose of delivering the same to the clearing house
of the recognized stock exchange toward any segment in respect of securities sold by me through them
and/or transfer the securities towards exchange related margin obligations. I also authorize Navkar Share
& Stock Brokers Pvt Ltd to accept and give effect to any corporate benefits accrued on my securities into
my BO account.

I/We hereby authorize the **NAV KAR SHARE & STOCK BROKERS PVT. LTD.** to transfer securities
from the aforesaid account to the below mentioned accounts for the purpose specified herein.

Sr. NO.	Exchange Name	Account Number	Purpose
1	BSE	CM BP ID : IN601113 IN300126/11178876	Pool Account
2	BSE	12026800 00000033	Pool Account
3	BSE	1100001000014084	Early Payin Account
4	NSE	CM BP ID : IN514066 IN300126/11208037	Pool Account
5	NSE	12026800 00042608	Pool Account
6	NSE	1100001100016487	Early Payin Account
7	NSE	12026800 00152940	NSE SLB Pool Account
8	NSE	12026800 00153112	Client Securities Margin Pledge Account

SIGNATURE :- 1) _____ 2) _____ 3) _____

This authority is restricted to the margin obligations and/or pay-in obligations arising out of the transactions of sale effected by me through **NAVKAR SHARE & STOCK BROKERS PVT. LTD.** and I ratify the instructions given by the aforesaid Clearing Member to the Depository Participant named hereinabove in the manner specified herein.

Navkar Share & Stock Brokers Pvt. Ltd. shall return the securities that may have been received by them erroneously or those securities that was not entitled to receive from the clients.

I further authorize Navkar Share & Stock Brokers Pvt. Ltd. to send consolidated summary of scrip-wise buy and sell positions taken with average rates to me by way of SMS / email on a daily basis.

I further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I have given to the Depository Participant in writing to the contrary.

SIGNED AND DELIVERED)
By the within named Beneficial Owner)

1.	_____
2.	_____
3.	_____
[Name of Beneficial owners]	[Signature of Beneficial owners]

IN THE PRESENCE OF)

_____	_____
[Name & Address of Witness]	[Signature of Witness]

I Accept ,
NAVKAR SHARE & STOCK BROKERS
PVT. LTD.
3, Vimla, Nr. Old Sharda Mandir Rd,
Ellisbridge, Ahmedabad-380 006

For, Navkar Share & Stock Brokers Pvt. Ltd.

Date : _____ **(Director)**

Place :

OPTION FORM FOR ISSUE OF DIS BOOKLET

										Date	D	D	M	M	Y	Y	Y	Y
Dp Id	1	2	0	2	6	8	0	0	Client Id									
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To,

NAVkar SHARES AND STOCK BROKERS PVT. LTD.
201/A , Shivalik Corporate Park, B/h IOC Petrol Pump,
Shivranjani, Satellite , Ahmedabad – 380015.

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) / executed PMS agreement in favour of / with **Navkar Share and Stock Brokers Pvt Ltd.** (name of the attorney / Clearing Member) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Yours faithfully

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

OR

☐ **OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with **Navkar Share and Stock Brokers Pvt Ltd.** (name of the attorney / Clearing Member) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

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

Declaration for availing of Basic Services Demat Account (BSDA) facility

- ☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form
- ☐ I / We do not wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form
- ☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID	1	2	0	2	6	8	0	0	CLIENT ID							
										Name				PAN		
Sole/First Holder																
Second Holder																
Third Holder																

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

Consolidated Account Statement Confirmation

Consolidated Account Statement (CAS) for all securities assets

1.	EMAIL STATEMENT FLAG	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	IF EMAIL STATEMENT FLAG IS Y, FIRST HOLDER EMAIL IS MANDATORY BY DEFAULT IT WILL BE 'N'
2.	CAS MODE	NO: <input type="checkbox"/> PH: <input type="checkbox"/>	NO: CAS NOT REQUIRED PH: PHYSICAL CAS REQUIRED BY DEFAULT IT WILL BE 'PH'
3.	MENTAL DISABILITY	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	IF MENTAL DISABILITY IS Y, GUARDIAN DETAILS IS MANDATORY BY DEFAULT IT WILL BE 'N'

Details of Guardian:

Full Name of Guardian			
Address			
City		State	
Country		Pin Code	
Telephone No.		Fax No.	
E- Mail Id			
Relationship with Guardian			
	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

Place: _____

Date: _____