



Rajsons Securities Ltd.

Member :

National Stock Exchange of India Ltd. (NSE)
(Capital Market, F&O and CD Segment)

SEBI Regn. No. : INZ000217932

Registered Office : 306 Ashok Bhawan, 93, Nehru Place,
New Delhi-110019
Phone No. : 011-40527598, 26210334 • Fax : 011-26210334
E-mail : info@rajsonsonline.com, rajsons_securities@rediffmail.com
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Director

KAMAL GOYAL
Ph.: 011-26210334

Email : rajsons_securities@rediffmail.com

Compliance Officer

KAMAL GOYAL
Ph.: 011-26210334

Email : rajsons_securities@rediffmail.com

For any grievance/dispute please contact **Rajsons Securities Ltd.** at the above address or email id-
info@rajsonsonline.com and Phone No. +91-11-40527598. In case not satisfied with the response,
please contact the concerned exchange(s) at :

Exchange Name

National Stock Exchange of India Ltd.

E-mail ID

ignse@nse.co.in

Phone No.

022-26598100

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

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 (✓) in the box available before the section number and strike off the sections not required to be updated.



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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<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 Categorized			

PHOTO

Signature / Thumb Impression

2. 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 section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** 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 <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

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

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 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')

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

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

6. 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*)

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 [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

 1 [Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Name RAJSONS SECURITIES. LTD.
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	<input type="text"/> [Institution Stamp]



KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

Acknowledgement No. _____

IDENTITY DETAILS

Name of the Applicant _____

Date of Incorporation _____ Place of Incorporation _____

Date of commencement of business _____

Permanent Account Number (PAN) _____

Registration No. (e.g. CIN) _____

Status (Please tick any one)

Private Limited Co. Public Ltd. Co. Body Corporate Partnership

Trust Charities NGO's FI FII

HUF AOP Bank Government Body Non-Government Organization

Defense Establishment BOI Society LLP Others (Please specify) _____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

ADDRESS DETAILS

Correspondence Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

Contact Details

Tel. (Off.) _____ Fax _____

Tel. (Res.) _____ Mobile No _____

E-Mail Id. _____

Specify the Proof of Address submitted for Correspondence Address: _____

Registered Address (If different from above) _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

DIN OF Whole time directors : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

AADHAR No. OF Promoters/Partners/Karta : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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.

Date _____

1

Name & Signature of the Director/Authorised Signatory(ies)

FOR OFFICE USE ONLY

Originals Verified & Self Attested Document copies received

Name & Signature of the Authorised Signatory

Seal/Stamp of the Intermediary

Date _____ Place : _____

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

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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Name & Signature of the Authorised Signatory (ies)

Date :

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. OTHER DETAILS

- Gross Annual Income Details : Income Range per annum : Below Rs. 1 Lac Rs. 1 Lac to 5 Lac
(please specify) Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore >1 Crore

Net Worth (Net worth should not be older than 1 year) Amount Rs.....

as on (date) (Compulsory for Non-Individuals)

- Occupation : Private Sector Public Sector Government Service Business Professional
(please tick any one and give brief details) Agriculturist Retired Housewife Student Others _____ Please Specify
- Please tick, if applicable : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
- Any other information :

B. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account Number	Account Type	MICR Number	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others - in case of NRI / NRE / NRO		

C. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Name of Depository	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

D. TRADING PREFERENCES

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

Stock Exchange	Market Segment/s	
NSE	<input type="checkbox"/> Cash	<input type="checkbox"/> F&O
	<input type="checkbox"/> Currency Derivative	

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.

E PAST ACTIONS

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

F. DEALINGS THROUGH SUB-BROKES 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				

G. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)	<input type="checkbox"/> Physical Contact Notes <input type="checkbox"/> Electronic Contract Note
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	

H. INTRODUCER DETAILS (optional)

Name of the introducer	
Status of the Introducer	<input type="checkbox"/> Sub Broker <input type="checkbox"/> Remisier <input type="checkbox"/> Auth. Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others _____
Address and Phone No. of the Introducer	
Sign. of the Introducer	

I. NOMINATION DETAILS (for individuals only)


<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate																					
Name of the Nominee																					
Relationship with the Nominee																					
PAN of Nominee	<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>																				
Date of Birth of Nominee	<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>																				
Address and Ph. No. of the Nominee																					
If Nominee is a minor, details of guardian :																					
Name of the Guardian																					
Address and Ph. No. of Guardian																					
Sign. of Guardian																					

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

Name		Name	
Signature		Signature	
Address		Address	

DECLARATION

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


Signature of Client / All Authorized Signatory (ies)

Place _____

Date

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

FOR OFFICE USE ONLY

UCC Code allotted to the Client : _____

	Document 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.

For RAJSONS SECURITIES LTD.

Signature of the Authorised Signatory

Date _____

Seal / Stamp of the Stock Broker

INSTRUCTIONS / CHECK LIST

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

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net Worth Certificate
Copy of Demat Account Holding Statement	Bank Account Statement for last 6 months
Any other relevant documents substantiating ownership of assets	Self declaration with relevant supporting documents.

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

BROKERAGE & STATUTORY CHARGES**Capital Market Segment**

Stock Exchange	Delivery Charges (in %age terms)	Minimum Delivery Charges per share (in Rs.)	Jobbing Charges (in %age terms)	Minimum Jobbing Charges per share (in Rs.)
NSE	_____ %	Rs. _____/-	_____ %	Rs. _____/-

Futures & Options Segment

Nature of Transaction	in %age terms	Minimum (per Unit)	Minimum (per Lot)
Futures	_____ %	Rs. _____/-	Rs. _____/-
Options	_____ %	Rs. _____/-	Rs. _____/-

Currency Derivatives Segment

Stock Exchange	in %age terms	Minimum (per Unit)	Minimum (per Lot)
NSE	_____ %	Rs. _____/-	Rs. _____/-

Note : In case of Physical Contract note are being dispatched to client, a difference of Rs. 25/- per in total brokerage booked on a particular date would be charged toward minimum processing fee.

Signature of Client

 4
DISCLOSURE INFORMATION

To,.....

Sir,

This is to inform you that we do client based trading and Pro-account trading.

Thanks and best regards,

RAJSONS SECURITIES LTD.

(Authorised Signatory)

I acknowledge receipt of your information that you do client based trading and Pro account trading.

Client Name :

Client Signature:  5

VOLUNTARY DOCUMENTS

RUNNING ACCOUNT AUTHORISATIONTo, Date :**RAJSONS SECURITIES LTD.****Registered Office** : 306, Ashok Bhawan, 93, Nehru Place
New Delhi-110019

Dear Sir,

I/We are dealing through you as a client in Capital Market and/or Future & Option segment and/or Currency segment and/or Interest Rate future Segment & in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/we request and authorise you to maintain running account(s) for me/us and from time to time debit these securities and funds from running accounts and make pay-in of securities and funds to exchanges/clearing corporations/other receiving party(ies) to settle my/our trades/ dealings. Similarly, where I/we have to receive securities/ funds in settlement of trades/ dealings please keep the securities and monies with you and make credit entries for the same in running accounts of securities and funds maintained by you. Further, the funds & securities can be transferred from one segment to other and from one exchange to another as per the requirements.
2. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
3. I/We request you to retain securities and funds lying to my/our credit in running accounts as margin/collateral/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
4. The stock broker is authorize to transfer funds &/ or securities from his/her/its account for one exchange & / or one segment of the exchange to his / her / its account for another exchange & / or another segment of the same exchange whenever applicable and found necessary by the stock broker. The client also agrees and authorises the stock broker to treat / adjust his/ her / its margin / security lying in one exchange & /or one segment of the exchange / towards the margin / security / pay in requirements of another exchange & / or another segment of the exchange.
5. I/We request you to settle my fund and securities account Once in every calendar Quarter or Once in a calendar Month or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
6. I/We further authorize you to retain an amount of upto Rs. 10,000/- (net amount across segment and across stock exchanges) in order to avoid administrative/operational difficulties in settling my/our account. The same may be released on my/our specific request.

The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you

Yours Faithfully

 6_____
Client Signature

Name :

[Note : To be signed by person himself/herself not to be signed by his/her attorney/ authorised person etc.]

AUTHORISATION FOR ELECTRONIC CONTRACT NOTES / SMS ALERTS

To,

RAJSONS SECURITIES LTD.

Dated : _____

Registered Office : 306, Ashok Bhawan, 93, Nehru Place, New Delhi-110019

Dear Sir,

I/We have been / shall be dealing through you as my / our broker on the Capital Market and/ or Futures & Options Segments / Currency Derivative Segments, Mutual Fund. This instruction is applicable for all the exchanges / segments in which I / we have opened account with you. As my/our broker i.e. agent I/ We direct and authorize you to carry out trading / dealings on my / our behalf as per instructions given below.

I/ We understand that, I / we have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/we hereby opt for receipt of contract notes in electronic form. I/ We hereby also give my/our consent for providing me/ us Trade Confirmations through your SMS alert services. Accordingly, please note my current email id and Mobile Number on your record for sending the communication to me/ us.

Email Id : _____

Mobile No. : _____

I/ We agree not to hold you responsible for late / non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email servers, loss of connectivity, email in transit etc. I/ we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me / us on account of any non-receipt/ delayed receipt for any reason whatsoever.

I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s) / email id(s).

I/ We understand that SMS Alert service is purely a voluntary facility provided by you to us and it shall be my/our responsibility to check the data with the actual contract notes/financial ledger given by you. The messages flashed shall be merely reminders for my/ our convenience and I/ We agree not to hold you liable for any incompleteness/ inaccuracies in the messages sent and that I/ We shall take all our actions based on the normal confirmations received by me/us.

In case , in any of the above segments / exchanges due to any reason, whatsoever, if you want to send contract notes in physical form, I /we here by permit you to send the same in physical mode.

I/We understand that I am required to intimate any change in the email id/ mobile number mentioned herein above through a duly signed request letter in original to you, provided however that if I/we am/are an internet client then in that event the request for change in email id/ email account can be made by me/ us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my / our verbal directions / authorizations given and carried out by you earlier. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above.

Thanking you

Yours Faithfully



Client Signature

Client Name _____ Client Code _____

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorized person etc.]

To,

AUTHORISATION**RAJSONS SECURITIES LTD.****Registered Office** : 306, Ashok Bhawan, 93, Nehru Place, New Delhi-110019

Dear Sir,

I/We have been / shall be dealing through you as my / our broker on the Capital Market and/ or Futures & Options Segments / Currency Derivative Segments. This instruction is applicable for all the exchanges / segments in which I / we have opened account with you. I/ We understand that, I / we have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/ we hereby opt for receipt of contract notes in physical form. I hereby authorize you to debit my account with Rs. 25 per contract note in additional to brokerage, STT or other statutory charges as stationary and postage charges.

Thanking you

Yours Faithfully

Client Signature  _____

Client Name _____ Client Code _____

LETTER OF AUTHORITY

To,

RAJSONS SECURITIES LTD.

Dated : _____

Registered Office : 306, Ashok Bhawan, 93, Nehru Place, New Delhi-110019

Sub: Letter of Authority Cash/F&O/Currency Derivative/ Mutual Fund Segment of the Exchange

I/we dealing with you as client at NSE/BSE in cash, Derivative & Currency Derivative Segment and in order to facilitate ease of operations, I/We authorise you as under :

1. I/We authorise you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the Exchange or in any other exchange and/or against the value of cash margin or collateral shares provided to you by me/us.
2. I/We hereby authorise you not to provide me/us Order Confirmation/ Modification / Cancellation Slips and Trade Confirmation Slips to avoid unnecessary paper work. I/We shall get the required details from contract notes issued by you.
3. I/We hereby authorise you to keep all the securities which I/We have given you in margin including the payout securities received by us for meeting margin / order obligation in any of the stock exchanges in whatever manner which may include pledging of shares in favour of bank and / or taking loan against the same or meeting margin/ pay in obligation on my/our behalf or for giving the same as margin to the any of the Stock Exchanges or otherwise.
4. I/We request you to retain credit balance in any of my/our account and to use the unused funds towards my/our margin/future obligation at any or both the Exchanges unless I/We instruct you otherwise. I/we also authorize you to debit the necessary demat charges from time to time, for keeping the shares in your client demat beneficiary account on my behalf. I/We also authorise you to debit the financial charges @2% p.m., for the debit balances, if any, in my account and not settled as per the exchange requirements.
5. I/We request you to retain Securities in your demat account for my/our margin/future obligations at all Exchanges, unless I/We instruct you to transfer the same to my/our account.
6. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give me/us all the confirmation on telephonic unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
7. We request that you may send/dispatch us contract notes/other documents through e-mail on my/our designated e-mail address of _____ I/We will completely rely on the log reports of you dispatching software as a conclusive proof of dispatch of e-mail to me/us and will not disputed on the same.
8. I/We will inform you the change of my/our email: ID, if any, in future either by regd. Post or through a digitally signed e-mail.
9. I/We are aware and acknowledge that trading of all exchanges is in Electronic mode, based on Vsat, lease line, ISDN, Modem, VPN, Internet and/or combination of technologies and computer system to place and route order and also involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, pay in payout of funds & securities, online & offline banking etc. these are susceptible to interruptions, delay, mistake and dislocations; and your services may at any time be unavailable without further notice and I/we understand that there exists a possibility of communication failure or system problems or slow or delay response from system or trading half, or any such other problem/glitch whereby not been able to establish access to the trading system/network or delay in execution of trades, which may be beyond your control any may result in delay in processing or not processing of any orders either in part or in full. I understand that you are not making any representation or warranty that your service will be available to the Client at all times without any interruption. I/We agree that I/We shall not have any claim for any loss incurred by me/us against you on account of any suspension, delay, interruption, non-availability or malfunctioning of your System or Service for any reason whatsoever.
10. I/We confirm that I/We never sublet the trading terminal on any term of connectivity from my place to any other place without your prior approval.
11. I/We am/are agreeable for inter-settlement transfer of securities towards settlement.
12. I/we am/are agreeable for & authorise you to with hold funds pay-out towards all the applicable margins and debits.
13. All fines/penalties and charges/Bank charges levied upon you due to my acts / deeds or transaction may be recovered by you from my account.
14. I have a Trading relationship with **RAJSONS SECURITIES LTD.** Please debit the charges relevant with depository services from my trading account on monthly basis. I also agree to maintain the adequate balance in my trading account/ pay adequate advance fee for the said reason.

Thanking you

Yours Faithfully

_____
Client Signature

Client Name _____ Client Code _____

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorized person etc.]

AUTHORISATION FOR AUTHORISED PERSON

To,

RAJSONS SECURITIES LTD.

Dated : _____

Registered Office : 306, Ashok Bhawan, 93, Nehru Place
New Delhi-110019

Dear Sir,

I have been/shall be dealing through you as my broker i.e. agent on the Cash Segment and/or Futures & Options Segments / Currency Derivatives Segment, Mutual Fund. at NSE

I/We authorize Mr./Ms. _____ R/o _____
_____ to deal/transact on my/our behalf and to place orders, give instructions, make & receive payments of securities and monies, collect contract note bills, order confirmations, trade confirmations, account statements and any other documents or communication. Mr./Ms. _____ is also authorised by me/us to sign any document, settle the account, enter into any compromise and to do any and all act (s) on my/our behalf which I/we can do. And I/we the undersigned do hereby agree and declare and confirm that all the acts and things done by him / her shall substitute my/our act, deeds and things validity done by me/us to all intents and purposes.

Please treat this authorization as written ratification of my/our verbal directions/authorizations given and carried out by you earlier. I/we agree to indemnify you and keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my/our authorisation given above.

Thanking you

Yours Faithfully

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Client Signature

Client Name _____ Client Code _____

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorized person etc.]

----- TERE HERE -----

ACKNOWLEDGEMENT

To,

RAJSONS SECURITIES LTD.

Dated : _____

Registered Office : 306, Ashok Bhawan, 93, Nehru Place, New Delhi-110019

Trading Code : _____

I / We have received a copy each of the

- Fulfilled Client Registration Form
- Combined Risk Disclosure Document
- Investors Rights & Obligations
- Policies and Procedures
- Terms & Conditions of Broking Services

and Annexures signed and executed by me/ us for investing / trading in Capital Market Segment, Future and Option Segment, Currency Derivatives Segment and Wholesale Debt Market and / or any other instrument(s) on NSE.

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Client Signature

Client Name _____

Client Code _____

CLIENT DEFAULTER DECLARATION

I, _____ having PAN No. _____ do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/ Various Exchanges/ Regulatory bodies/CIBIL (Credit Information Bureau of India Ltd.) etc.

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

Thanks

 _____
Client Signature

Date _____

Client Name _____ Client Code _____

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorized person etc.]

DECLARATION FOR NAME MISMATCH

I hereby declare that

1. My name mentioned in PAN Card is _____
2. In additional I D Proof i.e. Voter Id / Passport / Driving License it is _____
3. In Bank A/c No. _____ it is _____
4. In _____ is this _____

Further I declare that the names mentioned in above details document pertains to me, therefore I request my account and make all payouts in the same name as mentioned in my bank proof.

 _____
Client Signature

Date _____

Client Name _____ Client Code _____

[Note: To be signed by person himself/herself not to be signed by his/her attorney/authorized person etc.]

FATCA & CRS Declaration - Individual

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

Name															
Place of Birth															
Country of Birth															
Nationality															
Constitute	<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others (Pl. Specify) _____														

Are you a tax resident of any country other than India - Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S.No.	Country#	Tax Identification Number%	Identification Type <i>(TIN or other, please specify)</i>
1.			
2.			
3.			

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

% In case Tax Identification Number is not available, kindly provide its functional equivalent \$

CERTIFICATION

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

FATCA & CRS - TERMS & CONDITIONS

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account of any proceeds in relation thereto.

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

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Date :

Place :

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Signature

FATCA & CRS Declaration - Non Individual

PAN

Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other ; please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)		<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company (<i>that is, a company whose shares are regularly traded on an established securities market</i>) (Refer 2a of Part C)	Yes <input type="checkbox"/> (<i>If yes, please specify any one stock exchange on which the stock is regularly traded</i>) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (<i>a company whose shares are regularly traded on an established securities market</i>) (Refer 2b of Part C)	Yes <input type="checkbox"/> (<i>If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded</i>) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Limited Liability Partnership Company	<input type="checkbox"/> Private Trust
---	--	---	--	--	--

Others (please specify _____)

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

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			
<p>* To include US, where controlling person is a US citizen or green card holder</p> <p># If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.</p> <p>% In case Tax Identification Number is not available, kindly provide functional equivalent</p> <p>§ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary</p>			
DECLARATION			
<p>I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Astitva Capital Market Pvt. Ltd. for any modification to this information promptly.</p> <p>I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).</p>			
Name			
Designation			
Client Signature	<input type="text" value="15"/>		Date : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Place : <input type="text"/>

DECLARATION OF HUF (To be filled in case of HUF A/c Only)

To,

RAJSONS SECURITIES LTD.

Dated : _____

**Registered Office : 306, Ashok Bhawan, 93, Nehru Place
New Delhi-110019**

As our HUF firm wishes to open an account with you in the said name.....we beg to say that the first signatory to this letter, i.e., is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the exchange from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform you the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the operating of the account



Signature of Karta (with Rubber Stamp)

Name of Signature of Adult Co-Partionors of HUF (Use Annexure of additional Members)						
Sr. No.	Name of Co-partionors of HUF	Gender (M/F)	Relationship with Karta	Date of Birth	PAN No.	Signature
1.						
2.						
3.						
4.						

Name of Minor Co-Partionors of HUF (Use Annexure of additional Members)				
Sr. No.	Name of Co-partionors of HUF	Gender (M/F)	Relationship with Karta	Date of Birth
1.				
2.				
3.				
4.				

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this application to open an account. I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action.

Thanking you,



Signature of Karta (with Rubber Stamp)

**FORMAT OF BOARD RESOLUTION TO BE GIVEN BY CORPORATE CLIENT
(TO BE PRINTED ON LETTER HEAD OF COMPANY)**

**CERTIFIED TRUE COPY OF EXTRACTS OF THE MINUTES OF THE MEETING OF THE BOARD
OF DIRECTORS OF _____ (Co. Name) CONVENED ON
THE _____ (date) / TIME AT _____
_____ (Venue)**

"RESOLVED THAT an account for the purpose of trading in Securities be opened with M/s. **RAJSONS SECURITIES LTD.** Member - National Stock Exchange of India Ltd, hereinafter referred to as the Broker, for undertaking sale & purchase of Securities on the said exchange(s).

FURTHER RESOLVED THAT Shri _____ and Shri _____, Directors of the Company, be and are hereby, authorised severally to do all such acts, deeds, things and sign all documents papers, authorisations, agreements etc. as may be necessary for opening and operating the said account with Broker.

FURTHER RESOLVED THAT the aforementioned Directors, be and are hereby, authorised severally, to give instructions on behalf of the Company. for conducting trading in securities for and on behalf of the Company.

FURTHER RESOLVED THAT, a copy of this resolution be forwarded to the Broker by Shri _____ or Shri _____ Directors, & the Broker, be instructed to honour the instructions of Shri _____ and / or Shri _____, Directors of the Company to carry on trading in Securities.

Certified true copy

For (Name of the Company)

Dated :

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

Director

Place :

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FORMAT OF DECLARATION TO BE GIVEN BY PARTNERSHIP FIRM ON LETTER HEAD OF THE FIRM

To,
RAJSONS SECURITIES LTD. Date _____

Registered Office : 306, Ashok Bhawan, 93, Nehru Place
New Delhi-110019

Dear Sir,

We refer to the trading account being opened / opened with you in the name of _____ and declare and authorise you as under.

We recognize that a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per applicable law. To facilitate the operation of the above trading account with you and for the purpose of completing the Securities transfer obligations pursuant to the trading operations, we authorise you to recognize the beneficiary account No. _____ with depository _____ opened as a joint account in the names of the partnership of the firm.

We agree that the obligations for Securities purchased and/or sold by the firm will be handled and completed through transfer to/from the above mentioned account. We recognize and accept transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above Securities trading account of the firm.

We hereby authorize _____, partner in the firm to execute/sign and submit such documents, agreements, deeds etc. as may be necessary to enter into the agreement and engage in business with **RAJSONS SECURITIES LTD.** and to place order for buying and selling of Securities, sell, purchase, transfer, endorse, negotiate and do other things that may be necessary to engage in business on behalf of the partnership and to sign the authority letter for adjustment of balances in family accounts.

Name of Partners (in block letters)	Signature

ADDENDUM TO THE CLIENT REGISTRATION FORM / KEY INFORMATION

Date

In compliance with the provisions of Prevention of Money Laundering Act, 2002 and subsequent circulars issued by SEBI thereto, we hereby obliged to consider it as a part of client registration document: -

PREVENTION OF MONEY LAUNDERING

Prevention of Money Laundering Act, 2002 (herein refer to an "Act") came into affect July 1, 2005 vide notification No. GRE 436(E) dated July 1, 2005 issued by Department of Revenue, Ministry of Finance, Govt. of India. Further SEBI vide Circular reference number ISD/CIR/RR/AML/1/06 dated January 18, 2006 mandated that all the Stock Brokers should formulate and implement a proper policy framework as per the guidelines on anti money laundering measures and also to adopt a Know Your Client (KYC) policy. SEBI also issued another circular reference number CIR/ISD/AML/3/2010 dt. 31/12/10 advising all the Stock Broker to take necessary steps to ensure compliance with the requirement of Section 12 of the Act inter-alia, maintenance and preservation of records and reporting of information relating to cash and suspicious transactions to Financial Intelligence Unit-India (FIU-IND), New Delhi.

The constituents should ensure that the amount invested in the securities is through legitimate sources only and does not involve and is not designated for the purpose of contravention or evasion of the provision of the Income Tax Act, Prevention of Money Laundering Act, Prevention of corruption Act and/or any other law for the time being in force enacted by Govt. of India from time to time or any rules and regulations, notifications or directions issued there under.

To ensure appropriate identification of the constituents under its KYC policy and with view to monitor the transactions for the prevention of anti money laundering, the company has reserve the right to seek information, record constituents telephonic calls and/or obtained or retained documentation for establishing the identity of the constituents, proof of residence, source of funds, etc. It may re-verify identity and obtain any incomplete or additional information for this purpose.

The constituents or their attorney, if any, shall produce independent source documents, such as photographs, certified copies of ration card/passport/pan card/driving license or such other documents or produce such information as may be required from time to time for verification of the identity, residential address, financial information of the constituents by the company.

If the constituents refuses/fails to produce the required documents and information within the period specified in the communication sent by company to the constituents, then the company after applying due diligence measures believes that the transaction is suspicious in nature within the purview of the Act and SEBI circulars issued from time to time or on account of deficiencies in the documentation shall have absolute discretion to report suspicious transaction to FIU-IND or to reject the application or to freeze the account of constituent. Thus the KYC documentation shall comply by all the constituents in its true spirit and word.

The Company, its Directors, its Employees and agents shall not be liable in any manner for any claim arising whatsoever on account of freezing of account or on rejection of application etc. due to noncompliance of the provisions of the Act, SEBI circulars and KYC policy and or where company believes that transaction is suspicious in nature within the purview of the Act or SEBI circulars and reporting the same to FIU-IND.

This document form an integral part of the client registration form as addendum or key information memorandum and will be subject to amendments from time to time.

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 Client Signature

Name :

