

No.:

CLIENT **REGISTRATION** **FORM**

Non Individual

Join us for a Convenient
& Valuable Investing Experience!

NSDL

VERSION 21.5

Sharekhan

by BNP PARIBAS

INDEX

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SHAREKHAN LIMITED

Registered Office Address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA Tel : 022 - 6750 2000 Fax : 022-24327343 Website: www.sharekhan.com
Correspondence Office Address : 10th Floor, Gigaplex Bldg. No. 9, Raheja Mindspace, Airoli Knowledge Park Rd, MSEB Staff Colony, TTC Industrial Area, Airoli, Navi Mumbai, Maharashtra 400708, India. Tel: 022 - 61169000/61150000 Fax: 022 - 61169699 Website: www.sharekhan.com
Processing Office Address: 3rd Floor, Bay City Centre, 309, Ponnammallee High Road, Above Maruti Kapico Show Room, Near Pachiyappas College, Chennai- 600010 Tel : 044-49105050 / 28362900 / 28363160 / 49035050 / 49035051 Website: www.sharekhan.com

EXCHANGE	SEGMENT	SEBI REGISTRATION NO.	DATE	
BSE	CASH, F&O, CURRENCY	INZ000171337	26.03.2018	<p>For any grievance/dispute, please contact Sharekhan Ltd. at the above mentioned Registered / Correspondence office address or e-mail at myaccount@sharekhan.com/ igc@sharekhan.com or contact at 022 - 61151111/022 - 69920600 Compliance Officer: Ms. Binkle R. Oza, Tel. No : 022 - 62263303 E-mail ID: complianceofficer@sharekhan.com CEO Name: Mr. Jaideep Arora, Tel No. : 022 - 6750 2000, E-mail ID: ceo@sharekhan.com In case you are not satisfied with the response, please contact the concerned Exchange(s) as provided below:</p> <p>(1) NSE - ignse@nse.co.in or contact at 1800 2660058 (2) BSE - dis@bseindia.com or contact at 022 - 22728517 (3) NSDL - relations@nsdl.co.in or contact at 022 - 2499 4200 (4) CDSL - complaints@cdslindia.com or contact at 1800 225 533 (5) MCX - grievance@mcxindia.com or contact at 022 - 6649 4070 (6) SEBI - www.scores.gov.in or contact at 1800 2667 575</p>
NSE				
MCX	COMMODITY			

IMPORTANT NOTE

 Signature of First Holder/Client/Applicant - (10)
  Signature of Second Holder - (3)
  Signature of Third Holder - (3)

 Signature of Witness - (2)

BRANCH STAMP & DATE	H O STAMP & DATE

List of Abbreviations

Sr. No.	Short form	Expansion
1	AMC	Asset Management Company
2	AMFI	Association of Mutual Funds in India
3	AML	Anti Money Laundering
4	AP	Authorised Person
5	BSE	Bombay Stock Exchange Limited
6	CBDT	Central Board of Direct Taxes
7	CDSL	Central Depository Services Limited
8	CIN	Corporate Identification Number or Company Identification Number
9	CRS	Common Reporting Standard
10	DHC	Delivery Handling Charges
11	DIN	Director Identification Number
12	DIS	Delivery Instruction Slip
13	E & C Traders	“Energy & Commodity traders” or “E&C traders” are entities deriving their revenue from the international purchase and sale of physical commodity goods such as oil, natural gas, metals, soft commodities, etc. - excluding entities for which origin and sales of the commodities are exclusively domestic* (directly or indirectly); - excluding industrial groups that buy commodities for their transformation activities, and/or sell commodities that they have produced; - but including the trading affiliates of such industrial groups
14	F&O	Futures and Options
15	FATCA	Foreign Account Tax Compliance Act
16	FEMA	Foreign Exchange Management Act
17	EMF	Exchange Margin Funding
18	IFSC	Indian Financial System Code
19	IPV	In-person Verification
20	IRDA	Insurance Regulatory Development Authority
21	ITR	Income Tax Return
22	KRA	KYC Registration Agency
23	KYC	Know Your Client / Know Your Customer
24	MF	Mutual Fund
25	MICR	Magnetic Ink Character Recognition
26	MSEI	Metropolitan Share Exchange of India Limited
27	NRI	Non-Resident Indian
28	NSDL	National Securities Depository Limited
29	NSE	National Stock Exchange of India Limited
30	PAN	Permanent Account Number
31	PEP	Politically Exposed Person
32	POA	Proof of Address
33	POI	Proof of Identity
34	RBI	Reserve Bank of India
35	RDD	Risk Disclosure Document
36	RTA	Registrar and Transfer Agent
37	SEBI	Securities and Exchange Board of India
38	SIP	Systematic Investment Plan
39	SLB	Stock Lending and Borrowing
40	SMO	Senior Managing Official : Senior Managing Officials (SMOs) are the Chairman of the Board of Directors or Supervisory Board*, the CEO*, the CFO*, and possibly other natural persons that have a prominent influence on the client’s decisions – e.g. the COO* or other executives
41	UID	Unique Identification Number
42	UIDAI	Unique Identification Authority of India
43	UPI	Unified Payments Interface
44	VPA	Virtual Payment Address
45	NHB	National Housing Bank
46	PFRDA	Pension Fund Regulatory and Development Authority
47	DDPI	Demat Debit and Pledge Instruction

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM**A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.
12. Fields marked with '**' are mandatory fields.
13. Tick '✓' wherever applicable.
14. Please fill all dates in DD-MM-YYYY format.
15. KYC number of applicant is mandatory for updation of KYC details.
16. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
17. Clarification / Guidelines on filling 'Personal 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.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. Aadhaar Card/Passport/ Voter ID card/ Driving license.
If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.

1. INSTRUCTIONS / CHECK LIST

Additional documents in case of trading in derivatives segment (illustrative list):

1. Copy of ITR Acknowledgement	4. Bank Statement (For last 6 months)
2. Copy of Annual Accounts	5. Demat Account Holding Statement along with valuation
3. Net worth Certificate - CA Certified	6. *Any other relevant documents substantiating ownership of Assets

* Relevant documents as per risk management policy of the stock broker to be provided by the client from time to time

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

Officially Valid Document - *Passport / Voters Identity Card / Aadhaar Card (Aadhaar Number to be masked by the client)/ Driving License/NREGA Job Card/National Population Register Letter.

If the above officially valid documents furnished by the client does not contain updated address, the following documents shall be deemed PoA. The client shall submit updated officially valid document with current address within a period of three months of submitting the below documents to us:

1. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
 2. Property or Municipal Tax receipt.
 3. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
 4. Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
- In case the officially valid document presented by a foreign national does not contain the details of address, in such case the documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India shall be accepted as proof of address.
5. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
 6. Aadhaar Letter issued by UIDAI shall be admissible as Proof of address in addition to Proof of Identity.
 7. e-KYC service launched by UIDAI shall also be accepted as a valid process for KYC verification. The information containing the relevant client details and photograph made available from UIDAI as a result of e-KYC process shall be treated as a valid proof of address.

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

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs. 50,000/- p.a.
5. In case of institutional clients, namely, FPIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorised to attest the documents: Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative bank or Multinational Bank (Name, Designation & Seal should be affixed on the copy)

In case of Non-Individuals, following additional documents to be obtained (as applicable)

Types of entity	Documentary requirements
Corporate	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</p> <p>List of all Directors with details as Full name, Date & Place of birth</p> <p>Photograph, POI, POA, PAN, DIN numbers of whole time directors/two directors in charge of day to day operations.</p> <p>Photograph, POI, POA, PAN of Authorised Signatories.</p> <p>Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</p> <p>Copy of the Memorandum and Articles of Association and certificate of incorporation.</p> <p>Board Resolution for investment in securities market.</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Partnership firm/LLP	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered partnership firms only).</p> <p>Copy of partnership deed.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Photograph, POI, POA, PAN of all Partners</p> <p>Resolution/ Authority Letter for investment in securities market.</p>
Trust	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered trust only).</p> <p>Copy of Trust deed.</p> <p>List of trustees certified by managing trustees/CA.</p> <p>Photograph, POI, POA, PAN of all Trustees.</p>
HUF	<p>PAN of HUF.</p> <p>Deed of declaration of HUF</p> <p>List of coparceners.</p> <p>Bank pass-book/bank statement in the name of HUF.</p> <p>Photograph, POI, POA, PAN of Karta.</p>
Unincorporated association or a body of individuals	<p>Proof of Existence/Constitution document.</p> <p>Resolution of the managing body & Power of Attorney granted to transact business on its behalf.</p> <p>Authorised signatories list with specimen signatures along with photograph</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Copy of balance sheets for the last 2 financial years (to be submitted every year)</p>
Banks/Institutional Investors	<p>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Foreign Portfolio Investor(FPI)	<p>Copy of SEBI registration certificate.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Army/ Government Bodies	<p>Self-certification on letterhead.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Registered Society	<p>Copy of Registration Certificate under Societies Registration Act.</p> <p>List of Managing Committee members.</p> <p>Committee resolution for persons authorised to act as authorised signatories with specimen signatures along with authorisation letter</p> <p>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</p>

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update(To be filled by financial institution) KYC Number (Mandatory for KYC update request)☐ 1. ENTITY DETAILS*

☐ Name*

Entity Constitution Type*

- ☐ Partnership Firm ☐ Public Sector Banks
☐ HUF ☐ Central/State Government Department of Agency
☐ Private Limited Company ☐ Section 8 Companies (Companies Act,2013)
☐ Public Limited Company ☐ Artificial Jurisdical Person
☐ Society ☐ International Organisation or Agency / Foreign
☐ Association of Persons (AOP) / Body of Individuals (BOI) Embassy or Consular Office etc.
☐ Trust ☐ Foreign Portfolio Investors
☐ Liquidator ☐ Not categorized
☐ Limited Liability Partnership ☐ Others Please Specify
☐ Artificial Liability Partnership

Date of Incorporation / Formation* Date of Commencement of Business Place of Incorporation / Formation* Registration No. (e.g. CIN): Country of Incorporation / Formation* TIN or Equivalent Issuing Country TIN / GST Registration Number PAN* ☐ Form 60 furnishedApplicable only for Commodity Segment: ☐ EFE ☐ FPO ☐ AIF ☐ VCP ☐ OTHERS ☐ 2. PROOF OF IDENTITY (POI)*☐ Officially valid document(s) in respect of person authorised to transact☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Memorandum and Articles of Association ☐ Partnership Deed☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf☐ 3. ADDRESS*

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document Line 1* Line 2 Line 3 Landmark City / Town / Village* District* PIN / Post Code* State* Country*

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

Line 1* Line 2 Line 3 Landmark City / Town / Village* District* PIN / Post Code* State* Country* ☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/Email-ID provided may be used)Tel. (Off) FAX Mobile Email ID ☐ 5. NUMBER OF RELATED PERSONS

6. REMARKS (If any)

7. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

(1) 

Signature of Authorised Person

Date : _____

Place : _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date - -
Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name Maiden Name (If any) First Name Middle Name Last Name Father / Spouse Name First Name Middle Name Last Name Mother Name First Name Middle Name Last Name Date of Birth* Place of Birth , Country of Birth Gender* ☐ M - Male ☐ F - Female ☐ T-TransgenderMarital Status* ☐ Married ☐ Unmarried ☐ Others Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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

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

Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

☐ A- Passport Number ☐ F - Proof of Possession of Aadhaar ☐ B- Voter ID Card ☐ G - E-KYC Authentication ☐ C- Driving Licence ☐ H- Offline verification of Aadhaar ☐ D- NREGA Job Card ☐ I - Deemed Proof of Address ☐☐ E - National Population Register Letter ☐ J - Self Declaration

Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
- ☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
- ☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Others_____

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

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

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date	DD	MM	YYYY
Emp. Name			
Emp. Code			
Emp. Designation			
Emp. Branch			

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

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☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name Maiden Name (If any) First Name Middle Name Last Name Father / Spouse Name First Name Middle Name Last Name Mother Name First Name Middle Name Last Name Date of Birth* Place of Birth , Country of Birth Gender* ☐ M - Male ☐ F - Female ☐ T-TransgenderMarital Status* ☐ Married ☐ Unmarried ☐ Others Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
- ☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
- ☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Others_____

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

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

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date D D M M Y Y Y Y

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA,
Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only Application Type* ☐ New ☐ Update ☐ Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name
Maiden Name (If any) First Name Middle Name Last Name
Father / Spouse Name First Name Middle Name Last Name
Mother Name First Name Middle Name Last Name
Date of Birth* DD MM YYYY Place of Birth Country of Birth
Gender* ☐ M - Male ☐ F - Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others
PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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

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

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

☐ A- Passport Number ☐ F - Proof of Possession of Aadhaar
☐ B- Voter ID Card ☐ G - E-KYC Authentication
☐ C- Driving Licence ☐ H- Offline verification of Aadhaar
☐ D- NREGA Job Card ☐ I - Deemed Proof of Address ☐
☐ E - National Population Register Letter ☐ J - Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country* Landmark

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
- ☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
- ☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Others_____

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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 hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

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

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date D D M M Y Y Y Y

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

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Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name Maiden Name (If any) First Name Middle Name Last Name Father / Spouse Name First Name Middle Name Last Name Mother Name First Name Middle Name Last Name Date of Birth* Place of Birth , Country of Birth Gender* ☐ M - Male ☐ F - Female ☐ T-TransgenderMarital Status* ☐ Married ☐ Unmarried ☐ Others Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
- ☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
- ☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Others_____

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

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

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KYC VERIFICATION CARRIED OUT BY

Date D D M M Y Y Y Y

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

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Tel : 022 - 6750 2000 | Fax : 022-2432 7343 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

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☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name Maiden Name (If any) First Name Middle Name Last Name Father / Spouse Name First Name Middle Name Last Name Mother Name First Name Middle Name Last Name Date of Birth* Place of Birth , Country of Birth Gender* ☐ M - Male ☐ F - Female ☐ T-TransgenderMarital Status* ☐ Married ☐ Unmarried ☐ Others Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others PAN Card* ☐ Form 60 furnished

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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Address

Line 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State* Country* Landmark

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

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

1.5 OTHER DETAILS

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.
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- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

Date : _____ Place : _____

Signature of Applicant

Place : _____

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

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	<div>DDMMYYYY</div>	Name :	SHAREKHAN LIMITED
Emp. Name		Code	IN0344
Emp. Code		<div>[Institution Stamp]</div>	
Emp. Designation			
Emp. Branch			
<div>[Employee Signature]</div>			

by BNP PARIBAS

I. Mobile no. & Email ID Declaration of Entity:

I/We hereby declare that the Mobile number as per KRA/CKYC belongs to: <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____	I/We hereby declare that the Email ID as per KRA/CKYC belongs to: <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____
---	--

J. STOCK EXCHANGES ON WHICH YOU WISH TO TRADE

Equity/Mutual Fund (BSE & NSE)	F & O (BSE & NSE)	Currency (BSE & NSE)	Commodity (BSE, NSE & MCX)
	I have knowledge of trading in derivatives segment and am aware of risks associated therein	I have knowledge of trading in currency derivatives segment and am aware of risks associated therein	I have knowledge of trading in Commodity segment and am aware of risks associated therein
(2)	(3)	(4)	(5)

1. Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off / mentioned as NA.

2. In future, if you need to trade in any additional Segment/Exchange, not opted above, separate authorisation letter will be required.

3. In case of trading in Derivatives it is compulsory to submit proof of Financial Details.

Details of any action/proceedings initiated /pending/taken by SEBI/Stock Exchange/any other authority against the Client or its partners/ Promoters/Whole Time Director/Authorised Signatory in charge of dealing in securities during the last 3 years for violation of securities law/other economic offences (including action taken against relatives/associates) _____

K. DETAILS OF PARTNER / TRUSTEE / OTHER HOLDERS

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
Gross Income Range Per Annum (Rs. in Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr
Networth : (should not be older than 1 year)	Amount (Rs.) _____ As on date <u> d </u> <u> d </u> <u> m </u> <u> m </u> <u> y </u> <u> y </u> <u> y </u> <u> y </u>	Amount (Rs.) _____ As on date <u> d </u> <u> d </u> <u> m </u> <u> m </u> <u> y </u> <u> y </u> <u> y </u> <u> y </u>	Amount (Rs.) _____ As on date <u> d </u> <u> d </u> <u> m </u> <u> m </u> <u> y </u> <u> y </u> <u> y </u> <u> y </u>
Additional Details, if applicable. (Please tick one or more as applicable)	<input type="checkbox"/> Politically Exposed Person(PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person(PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person(PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Former MP, MLA or MLC <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Not PEP / Related to PEP
Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
Nature of Business	_____	_____	_____
Sources of Wealth / Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____
Place of Birth Country of Birth	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____
Any other information	_____	_____	_____

☐ No Prior Investment Experience Years in Equities Years In Derivatives Years in other Investment Related Field
Proposed Investment/Margin through Sharekhan: ₹

Do you have any presence in a country other than India through offices or investments ☐ Yes ☐ No If Yes (Country Name) _____

Do you have any transaction or activity or planned activity with any country other than India ☐ Yes ☐ No If Yes (Country Name) _____

Name of Authorised Person : _____

Registration No: NSE BSE MSEI

R.O. Address: _____ Tel.: _____ Fax: _____ Website: _____

Whether registered with a ny other Stock Broker / Authorised Person (If registered with multiple Stock Broker, provide all details)

Name of Stock Broker: _____ Name of Authorised Person : _____

Name of Exchange: _____ Client Code No.: _____

Details of disputes / dues pending from / to such Stock Broker Authorised Person:

Whether Employee/Agent/Approved user/Authorised Person of any other *Trading/Clearing Member: Recognized stock exchange ☐ Yes ☐ No

Name of Member _____ (Please provide consent letter from such Trading/Clearing Member)

Whether Broker of any Exchange ☐ Yes ☐ No Name of Exchange/s _____ (Please provide consent letter from such Exchange/s)

Whether Declared Defaulter/debarred/suspended By SEBI/RBI/any Other Recognized Stock Exchange/Commodity Exchange: ☐ Yes ☐ No

	Cash Segment		Derivatives Segment		Currency Derivatives Segment	
	(Percentage)	Min. Rupees/ Paisa Per Share	Futures Segment (Percentage)	Options Segment ★ (Percentage)	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg						
Second Leg (Same day Sq. off)						
Delivery Brokerage			Same as Cash Segment		NA	NA
Next day square off	NA	NA				
Default Brokerage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

	Commodity Segment	
	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg (Normal)		
Second Leg (Same day Sq. off)		
Next day square off		
Delivery Brokerage	Same as Cash Segment	
Default Brokerage	☐	

- # 1. In case of unit price of securities of Rs. 10/- or less, then brokerage of Rs. 0.25 per share will be levied
- # 2. Delivery Handling Charges (DHC) would be levied on each delivery based sell transaction (per scrip) where value of brokerage levied is less than Rs 21/- The value of DHC would be difference of Rs 21/- and the brokerage charged.
- # 3. If total brokerage for all transactions in the cash segment is less than Rs. 21, then a brokerage of Rs. 21 or 2.5% of the transaction value, whichever is less, would be levied.
- # 4. On all Square-off transactions initiated by Sharekhan Ltd, brokerage of 0.5% will be levied.
- # 5. Stock(s) sold from CUSPA will attract "Stamp Duty" as invocation is required to do the pay-in for Non-POA clients (EDIS Clients)
- * Minimum amount per lot would be applicable as per the details provided in the policy and procedures.
- Expiry handling charges would be charged as applicable • Statutory cost will be charged as per Exchange / Regulatory Authorities • Trade Tiger access charges applicable from time to time • KYC Registration Agency (CKYC & KRA) charges will be levied as applicable. • Please refer the details of default brokerage, standard brokerage on option segments and schedule of charges in the Policy and Procedures.






Name of The Introducer:	
Status of the Introducer: Sub-broker/Remisier/Authorised Person/Existing Client/Director or Employee of any other Person (Please Specify)	
Proof of Identity (POI) :	<input type="checkbox"/> PAN No. <input type="checkbox"/> Passport No. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID
Residence Address:	
	Pin Code
Mobile No. / Tel. No. :	Email ID :

NSDI Non Ind. - Ver. 21.5

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 of any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
2. I/We confirm having read, received, explained and understood the contents of policies and procedures, terms & conditions governing Stock Broker, terms & conditions applicable for Margin Trading, Risk Disclosure Documents & Do's & Don't's for trading on the Exchanges, Rights and Obligations applicable for Stock Brokers, Clients, Rights and Obligations applicable for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants & the tariff sheet, as available on the website on the company. I/We am/are further aware that a copy of Terms & Conditions governing Stock Broker, Risk Disclosure Document, Policies and Procedures, Do's & Don't's for trading on the Exchanges and Rights and Obligations applicable for Stock Brokers, Authorized Persons & Clients, Rights and Obligations of Stock Brokers & Clients for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants will be received by me/us in electronic form on the email ID provided by me / us in the KYC Document.
3. I/We have read and agree to be bound by the Rules, Regulations, bye laws, circulars and guidelines issued by SEBI, Exchanges, Stock Broker, AMFI, Mutual Funds, Depository and Depository Participant pertaining to my/our trading and demat account, as are in force from time to time.
4. I/We understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I/We agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to CDBT or close or suspend my/our account.
5. Declaration of Tax Conformity— I/We acknowledge that it is my responsibility to understand and comply with and am / are in full compliance with any tax obligations and requirements and the consequences thereof that apply to me/us under the laws and regulations of my/our country(ies) of residence or any other relevant jurisdiction.
I/We hereby declare that all assets, including cash and securities, deposited in my account(s) with the Sharekhan and the income or proceeds thereof, are currently and will continue to be fully disclosed to the relevant tax and any other authorities in my/our country(ies) of residence and in any other jurisdiction as required by the applicable laws and regulations and also authorize Sharekhan to disclose the same to any domestic / overseas regulators or tax authorities, to enable the authorities to establish my / our tax liability therein and / or to enable Sharekhan to comply with the regulatory requirements it is subject to.
6. I/We hereby declare that I/we had provided Aadhaar Card as proof of Identity and/or proof of address to Sharekhan Ltd even-though there were other documents accepted by Sharekhan and I/we authorize Sharekhan to share the copy and/or details of the Aadhaar card (excluding Aadhaar Number) as per the Regulatory/Exchange/Depository requirement. (Applicable in case Aadhaar card is provided as proof of address and/or identity)
7. I/We hereby confirm that Sharekhan may update my/our name in all Exchanges as per the name available in Income Tax records.
8. I/We, opening demat account with Sharekhan, hereby declare that I/we will submit only those inter depository transfer instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.
9. I/We hereby confirm that I/We am/are not subject to sanctions nor do I/We form a part of the sanctions lists enforced by the European Union ("EU"), France ("FR"), the United States ("U.S."), United Nations Security Council ("UNSC") or form part of the list of banned organizations, designated entities/individuals listed under the Unlawful Activities (Prevention) Act, 1967.
10. I/We hereby confirm that whenever there will be change of address, I/We will intimate you about the same.
11. I/We, provide consent for the disclosure of information and data relating to me / my accounts with Sharekhan Ltd and its group companies, that incase of any default, if any, committed by me / us, whereby as per Sharekhan Ltd's records there is any amount outstanding/due to be paid to Sharekhan or its group companies then in such circumstance, Sharekhan and or its group companies can lawfully with our full free consent disclose or share mine/our data including any personal information as Sharekhan may deem appropriate and necessary for recovering dues with its Vendors, Contractors, Associates, Advocates, Accountants, Regulatory Agencies, RBI, CIBIL & Third Party Agents. And we hereby agree that Sharekhan is within its rights to use this data by itself or through any authorised representative/ service provider or agent etc to recover the dues.
12. I/We, confirm that on expiry of the time period for which Annual maintenance Charges (AMC) are levied by Sharekhan, the liability and obligation to renew the same and ensure that the reduced charges continue to apply to my account rests with me as the client of Sharekhan. Further I understand that the trading member reserves the right to extend or discontinue or change in partial/full the Annual Maintenance Charge (AMC) Scheme without any prior notice to me/us. We understand that the revised AMC shall become applicable from such date as may be decided by the trading member and communicated by the TM either on its website/ or by sms/email or any other electronic form as per the TM's discretion.
I/We, agree that in case of discontinuation in AMC Scheme, default brokerage rate as applicable at relevant time displayed on website of Sharekhan shall be applicable to my/our account.
13. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Stock Broker/Depository Participant may also terminate this facility by giving 10 days prior notice.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Name	Designation	Specimen Signature(s) (with Co. Rubber Stamp)
Sole/First Holder			
First Signatory			(6) 
Second Signatory			
Third Signatory			
Other Holders			
Second Holder			(1) 
Third Holder			(1) 

Mode of Operation For Authorised Signatories (in case of Multiple Signatories, all the holders must sign)

<input type="checkbox"/> Any one singly		<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Jointly by		<input type="checkbox"/> Others (please specify)	

Date: _____

Place: _____

FOR OFFICE PURPOSES:

UCC Code allotted to the Client: (As mention on page no. 6 on account opening form)

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Staff / Authorised Person			
Staff Code			
Designation of the Staff			
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 terms and conditions and handed over a copy of the same. 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', Terms and Conditions and RDD would be made available on my/ our website, if any, for the information of the clients.

I hereby confirm that, I have not directed, encouraged or assisted client with respect to strategies to their account as US accounts / Other reportable account. I have not given any tax advice to client."

Date: _____

Seal/ Stamp of Sharekhan Limited

(Name & Signature of the Authorised Signatory)

Particular	Name	Code
Franchisee / Branch Name		
Remisier Name		
Referring Employee Name		
Name of RM / Executive		
Name of Manager		
Lead Source		

Account opening charges : _____

In case of waiver of account opening charges:

Approved by (Name)	Designation	Signature with Stamp

MANDATE FOR MAINTAINING THE ACCOUNT ON RUNNING ACCOUNT BASIS

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West),
Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

Notwithstanding anything contrary contained in any of the document or correspondence, I / We hereby severally give mandate to you for maintenance of my/our account with you on running account basis. This mandate shall be applicable to all segments across exchanges maintained with you including Mutual funds availed through NSE MFSS and / or BSE STAR MF or such other platform.

This mandate is voluntarily given by me / us as it is cumbersome for me / us to settle the accounts with you frequently. This will facilitate me/us in my transactions through you. I/We also request you to consider the balances in my/our funds, securities, mutual fund units and currency account with you for the purpose of margins/any other obligations due to you.

In view of the above it would be proper for you to release the funds, mutual fund units and securities due to me/us on my specific request, either written or oral. You may debit the charges of holding units/securities/commodities to my/our account with you.

I/We hereby agree to settle my/our funds/securities/mutual funds/commodities account on *Monthly/Quarterly basis as per SEBI guidelines. Further, I/We hereby declare that I/We retain the right to revoke this authorization at anytime.

Yours faithfully,

Date : _____

Place : _____

(7) 

Signature of Client / Authorised Signatory

* In case not specified account would be settled in Quarterly basis.

MAJOR SANCTIONED COUNTRIES AND REGIONS SELF-DECLARATION
(MSCs- Crimea/Sevastopol, Cuba, Iran, North Korea and Syria)
(MSCQ is to be filled/acknowledged by Corporates and Financial institutions only)

To the best of your knowledge, please answer the questions below regarding the Company's direct and/or indirect exposure to MSCs.

Does your company or any member of the Company's Controlled Perimeter:

- Have a location in, is incorporated in or reside in or have any offices in an MSC; and/or
- Have transactions, investments, dealings ("Activities") or Planned Activities in an MSC, or
- Have any Current Activities or Planned Activities with (or in) any individual located, resident, or entity organized in an MSC or with (or in) any entity directly or indirectly owned or controlled by any entity located, resident, or organized in an MSCs (in each case, including with intermediaries acting on behalf of or engaging in related Activities with MSCs or MSC based entities)?

Please Choose:

YES ☐

NO ☐

If yes, need complete the MSCQ questionnaire (Appendix G)

We acknowledge that it is a general policy of BNPP, based on the internal assessment of the risks and the economic situation, to generally not process or otherwise engage in any activity (even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a sanctioned individual, entity, or organization⁴ targeted by French, European Union, or United States authorities, or other applicable sanctions regimes, notably any activity involving directly or indirectly, CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA or SYRIA (collectively, "Subject Transactions").

We further confirm, to the best of our knowledge, that any activity conducted by us (as well as by our Controlled Perimeter) related to Subject Transactions is permissible, exempted or licensed/authorized and we will not, nor any of our subsidiaries, directly or indirectly use any account(s) or any products and services provided by BNPP⁵, regardless of the currency, in relation to Subject Transactions, even if licensed by the relevant authorities.

We will promptly notify BNPP if we, at any time, are no longer able to comply with any of the aforementioned representations.

Company hereby represents that the statements above are fully accurate:

- COMPANY NAME: _____
- ADDRESS: _____

- COMPANY GROUP NAME: _____
(If applicable)
- Authorised Signatory Name & Designation: _____
- SIGNATURE:  _____
- DATE: _____

*This questionnaire must be completed by a duly authorized Senior Representative(s) of the Client who is/are in a position to respond on behalf of the Company and the Company's Controlled Perimeter. Examples include but are not limited to: CEO, CFO, COO, President, Treasurer, Legal or Compliance Representative, or other authorized representative.

In accordance with the relevant data protection regulations, you have a right to access, correct and delete information about yourself, as well as a right to specify how such data is to be treated upon your death, which you can exercise by contacting your BNP Paribas Relationship Manager. You may also object to the processing of your personal data on grounds of your particular personal circumstances.

1. Indirect Activities include, but are not limited to, participating in, facilitating, making available funds or resources for, or aiding transactions, investments, dealings with, goods, services or technology that come from or are destined to MSCs, including with third party intermediaries or banks/financial institutions that could be associated with these transactions.
2. Including entities in which your company directly or indirectly owns 50% or more of the shares or voting rights or entities over which it exercises control.
3. Planned Activities include any contract under negotiation or Activities being developed during the current fiscal year and/or over the next fiscal year.
4. Including an entity directly or indirectly owned 50% or more or controlled (directly or indirectly) by such sanctioned individual, entity or organization; or an individual or entity acting on behalf of such sanctioned individual, entity or organization.
5. BNPP includes BNP Paribas S.A. as well as its subsidiaries, branches and affiliates.

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APPLICABLE FOR CORPORATE

Major Sanction Countries - General Consent Letter (MSCQ is to be filled/acknowledged by Corporates and Financial institutions only)

It is a general policy of BNPP, based on the internal assessment of the risks and the economic situation, to generally not process or otherwise engage in any activity (even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a sanctioned individual, entity, or organization targeted by French, European Union, or United States authorities, or other applicable sanctions regimes, notably any activity involving directly or indirectly: CUBA, IRAN, NORTH KOREA, SYRIA, and CRIMEA/SEVASTOPOL (collectively, **"Subject Transactions"**). BNPP is committed to comply with all applicable laws of the jurisdictions in which it operates and does not support or participate in unlawful boycotts.

"Sanctions" means any economic or trade sanctions or restrictive measures enacted, administered, imposed or enforced by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC), the U.S. Department of State, the United Nations Security Council, and/or the European Union [and/or the French Republic, and/or Laws of India or other relevant sanctions authority]

BNP Paribas expects its clients (as well as their Controlled Perimeter) to ensure that any activity conducted involving Subject Transactions is permissible and/or subject to lawful exemptions, licenses, or authorizations. Furthermore, BNP Paribas respectfully requires that its clients take all necessary measures to ensure that the funds, products, and services provided or made available by BNP Paribas are not used, directly or indirectly, regardless of the currency, in relation to Subject Transactions, even if such use is permissible, authorized or duly licensed by the relevant authorities.

We would be grateful if you could sign and promptly return a copy of this letter. We remain at your disposal should you have any inquiries.

We ask you to promptly notify BNPP if _____ [name of client] are not able to comply with any of the aforementioned.

Yours Faithfully,

Sharekhan Limited

1. Including an entity owned directly or indirectly 50% or more or controlled (directly or indirectly) by such sanctioned individual, entity or organization; or an individual or entity acting on behalf of such sanctioned individual, entity or organization.
2. Indirect activities include, but are not limited to, participating in, facilitating, making available funds or resources for, or aiding transactions, investments, dealings with third party intermediaries for goods, services or technology that come from or are destined to Cuba, Iran, North Korea, Syria or the Crimea/Sevastopol region, or with banks/financial institutions that could be associated with these transactions.
3. Including entities in which the entity owns directly or indirectly 50% or more of the capital or voting rights or entities over which the entity exercises control.
4. BNP Paribas includes BNP Paribas S.A. as well as its subsidiaries, branches, and affiliates

We hereby acknowledge the above policy of BNP Paribas.

We further confirm, to the best of our knowledge, that:

1. Any activity conducted by _____ [entity's name] (as well as by) _____ [entity's name]'s Controlled Perimeter³) related to Subject Transactions is permissible, exempted or licensed/authorized and;

2. _____ [the entity's name] will not, nor any of its branches and subsidiaries, directly or indirectly, use any funds, products or services provided by BNP Paribas, regardless of currency, in relation to Subject Transactions, even if permissible, authorized or licensed by the relevant authorities

In an unlikely event, the Trading Member/DP may be required to report the details of the client and transactions undertaken by the client to the concerned authorities if they are suspicious according to the Trading Member/DP's understanding.

We hereby confirm that it is our responsibility and liability to promptly notify Sharekhan Limited, if _____ [the entity's name], at any time, is no longer able to comply / or is at potential risk of non-compliance with any of above statements.

For and on behalf of _____

For and on behalf of _____

Name :

Name:

Signed _____

Signed _____

Date: _____

Date: _____

Declaration by partners pursuant to NSDL Circular No. NSDL/POLICY/2006/0008

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

1. I / We, have submitted an application for opening a single / joint account for opening a Beneficial Owner [BO] account in the category "individual" for holding and carrying out transactions in respect of securities belonging to our firm, since as per the clarification issued by the Department of Company Affairs vide its Circular No. 5/75 (8/18/75-CL-V) dated March 31, 1975, Partnership Firm is not capable of being a member within the meaning of Section 41 of The Companies Act, 1956.
2. I / we represent the firm.
3. In consideration of you having agreed to accept the Permanent Account Number [PAN] issued by the Income Tax Department [ITD] to the firm along with our individual identity documents, I / We acknowledge and undertake as under :-
 - a) The acceptance of the PAN number of our firm does not amount to you having taken notice of trust or recognise our firm.
 - b) I / We shall continue to be responsible for complying with the relevant provisions of The Companies Act, 1956 and the Rules made thereunder and other applicable Laws failing which I / we shall be responsible for the consequences thereof.

Yours faithfully,

(10) 

(3) 

(3) 

(Name of the Partner)

(Name of the Partner)

(Name of the Partner)

Declaration by Partner(s) to recognize Demat A/c for trading purpose.

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

This is with reference to the trading account opened with you in the name of _____ a partnership firm and bearing the code _____.

I _____, partner of the above mentioned firm hereby declare and authorise you to recognize the beneficiary account No. _____.

_____ with depository _____ opened in my name, for the purposes of completing the share transfer obligations pursuant to the trading operations of the Partnership Firm. I agree and understand that this is to facilitate the operation of the above trading account with you, as a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per regulations and that transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Signature (Please sign with stamp of the Firm)

(Name of the Partner whose beneficiary is used)

We, (please write name of partners)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

partners of the firm confirm that any securities due to the Firm's trading account with you, if transferred to the above mentioned Dmat account, will constitute good delivery of your obligation. We further state that Sharekhan will not be responsible, if the shares are transferred to the above-mentioned a/c.

If there is any change in the information given above, same shall be informed to Sharekhan in writing. If any such information not communicated to Sharekhan, than Sharekhan will not be liable for losses suffered by the firm or any of the individual partners.

Signature X

Signature X

Signature X

Name _____

Name _____

Name _____

Declaration By HUF To Recognize Demat A/c For Trading Purpose.

To,

Sharekhan Limited

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA

Dear Sir,

This is with reference to the trading account opened with you in the name of _____ and bearing the code _____, I hereby declare and authorise you to recognize the beneficiary account No. _____ with depository _____ opened in the name of the undersigned who is the Karta of the HUF. For the purposes of completing the share transfer obligations pursuant to the trading operations. I agree and understand that this is to facilitate the operation of the above trading account. the transfers made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Signature (Please sign with stamp of the HUF)

Signature X _____

PROFILE SHEET

Dear Customer,

Please select product that you wish to avail of:

Also, please answer a few questions to help us serve you better

Sr. No.	Questions	Option					
		A	B	C	D	E	F
1	How would you like to trade with Sharekhan?	Internet	Phone/Branch	Both			
2	Have you been investing or trading in the stock market?	Yes	No				
3	Do you trade in Cash market or Derivative market?	Cash	Derivative	Both	None		
4	What is your frequency of your investing / trading?	Many times a day	Once a day	Many times Week	Once a Week	Once a month or more	None
5	What is your current portfolio size? (Total investment in Shares and Mutual Funds)	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above	No Portfolio	
6	How much more do you plan to invest in stock market in the next 2 years?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above		
7	In which range would your annual income fall in to?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above		
8	What is your existing mode of transaction?	Internet based account	Non Internet account	No Broker			
9	Do you have a Relationship Manager allocated to you?	Yes	No	None			
10	Would you like to undergo free education?	<input type="checkbox"/> Investments		<input type="checkbox"/> Trading strategies based on technical analysis			
11	How long have you been investing in stocks?	<input type="checkbox"/> New <input type="checkbox"/> 5 to 10 years		<input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years			
12	What is your source of stock market information?	<input type="checkbox"/> TV channels: <input type="checkbox"/> CNBC <input type="checkbox"/> Newspaper: <input type="checkbox"/> Economic Times <input type="checkbox"/> Sharekhan Research Magazines <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Broker		<input type="checkbox"/> NDTV PROFIT <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Other research magazines <input type="checkbox"/> Others (Specify) _____			
13	What is your marketstock preference?	Market preference <input type="checkbox"/> Speculator <input type="checkbox"/> Regular investor <input type="checkbox"/> Occasional investment <input type="checkbox"/> Trader		Stock preference <input type="checkbox"/> High risk return <input type="checkbox"/> Bluechip <input type="checkbox"/> Stocks valued less than Rs10 <input type="checkbox"/> Stocks recommended by Sharekhan research <input type="checkbox"/> Stocks recommended by other research houses			
Other Brokerage Firm you are trading with please tick the		ICICI Securities	HDFC Securities	Kotak Securities	Reliance Money	Angel Broking	Anand Rathi
		India Infoline	Motilal Oswal	Indiabulls	Geojit	Religare	Any other _____
No Brokerage Firm <input type="checkbox"/>							
Other Product Interest		IPO		PMS		Mutual Fund	
						Insurance	

FOR OFFICE USE

Profiling Code

1	2	3	4	5	6	7	8	9

*Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for all entities EXCEPT, Publicly Traded Company or a related entity of Publicly Traded Company)

Category (please tick applicable category):

Unlisted Company <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>	Unincorporated Association/Body of Individuals <input type="checkbox"/>	Religious Trust <input type="checkbox"/>
Public Charitable Trust <input type="checkbox"/>	Private Trust / Trust created by a Will <input type="checkbox"/>	Others <input type="checkbox"/>	please specify	

Details of Ultimate Beneficial Owners:- (Please list below each controlling person, confirming ALL countries of Tax Residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person. (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	UB01	UB02	UB03
PAN #			
Name of UBO			
Residential Status	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____
UBO Code (Refer 3(iv) A of Part C)			
Customer ID (If any with Sharekhan Limited)			
Percentage of Holding (%) ⁵			
Address	ZIP/PIN Code : _____ State : _____ Country : _____	ZIP/PIN Code : _____ State : _____ Country : _____	ZIP/PIN Code : _____ State : _____ Country : _____
Address Type	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office
Telephone	ISD STD NUMBER	ISD STD NUMBER	ISD STD NUMBER
Mobile	ISD NUMBER	ISD NUMBER	ISD NUMBER
Are you a US person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax Residency*			
Tax ID ⁶			
Tax ID Type (TIN or Other, please specify)			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
City of Birth			
Country of Birth (Mandatory)			
Nationality			
Citizenship			
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Father's Name			
Occupation	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others _____	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others _____	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others _____

- If UBO is KYC compliant, KYC proof to 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.

* - To include US, where controlling person is a US citizen or green card holder

% - In case Tax Identification Number is not available, kindly provide functional equivalent

\$ - Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

- 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 of any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/we understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/we shall seek advice from professional tax advisor for any tax questions. Further, I/we agree to submit a new form within 30 days if any information or certification on this form gets changed. I/we agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to CBDT or close or suspend my/our account.
- Under Penalty of perjury, I/we certify that:
 - The number shown on this form is the correct taxpayer identification number of the applicant, and
 - The applicant is (i) an applicant taxable as US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- I/we hereby confirm that details as provided above can be shared by Sharekhan with the concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/CRS norms are applicable, in whose schemes/ products we may invest/transact in future through Sharekhan.

Authorized Signatory(ies) [with Company/Trust/Firm/Body Corporate seal/stamp]

Name : _____	Name : _____	Name : _____
Designation : _____	Designation : _____	Designation : _____
Signature : _____	Signature : _____	Signature : _____

Date ____ / ____ / ____

Place _____

PART C: FATCA Instructions & Definitions

1. Financial Institution

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

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

(ii) The period during which the entity has been in existence, whichever is less.

- Investment entity is any entity:

✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

(ii) Individual and collective portfolio management; or

(iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

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

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2C.)

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

- FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

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

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

A. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

B. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

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

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

3. Other Definitions (including UBO)

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- (1) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company;
or
- (2) an investment entity defined in clause (b) of these instructions
- (3) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

(iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

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

(iv) UBO/Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, and The principal rules published in Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (i) vide number G.S.R. 575(E), dated the 13th July, 2022" persons (other than Individuals) are required to provide details of Beneficial Owner(s)('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- (1) More than 10% of shares or capital or profits of the juridical person, where the juridical person is a company;
- (2) More than 10% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- (3) More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

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

(A) UBO Code/Type Code of the Controlling Person:

Code	Sub-Category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

(v) Specified U.S. person – A U.S. person other than the following:

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

(vi) Owner documented FFI

FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

4. Additional KYC Details

- 1 The entity is required to provide all the information sought under the Additional KYC details mandatorily.

Client ID:	"Schedule A"					Remarks
	Scheme Chosen					
	Scheme A <input type="checkbox"/> AMC 400	Scheme B <input type="checkbox"/> AMC 500	Scheme C <input type="checkbox"/> AMC 350	Scheme D <input type="checkbox"/> One Time 2999	Scheme G <input type="checkbox"/> (Pvt. Ltd./Ltd./LLP)	
Transaction type	Scheme A (TC100)	Scheme B (TC108)	Scheme C (TC119)	Scheme D (TC117)**	Scheme G (TC123)	
Deposit	Trading Client Code / Trading Application No. { _____ }					
	Nil	Nil	Nil	Rs. 2999 (refund of deposit Rs. 2000 on closure)	Nil	
Account Opening	Nil					Stamp paper / KRA charges as applicable
Annual Maintenance Charges	Rs. 400 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory)	Rs. 500 p.a (without DDPI & Dig. Contract Notes)	Rs. 350 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory)	Nil (DP Account, DDPI & Dig. Contract Notes Mandatory)	Rs. 1000 p.a (DP Account, DDPI & Dig. Contract Notes Mandatory)	
Sales - Through Sharekhan	Nil	Nil	Rs. 6 Per transaction	Rs. 6 Per transaction	Nil	
Purchases	Nil					
Delivery Handling Charges (DHC)#	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	N.A	N.A	N.A	
Sales - Not through Sharekhan/ Offmarket transfer/IDT	0.03% of the value of transaction (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	Per transaction
Dematerialisation	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Min. Rs.50 per request
Rematerialisation /Repurchase	Rs. 50 per certificate or Rs. 50 for every hundred securities					Per request
Margin Pledge Creation	A : Securities Margin Pledge			Rs. 20/- Per Transaction		
	B : Securities Pledge under Margin Funding			Rs. 30/- Per Transaction		
Pledge Creation	0.03% of the value of the transaction (Min Rs.100)					Per transaction
Freeze/De-freeze	Rs.25					Per request
Stock Lending & Borrowing	0.02% of the value of the transaction (Min Rs.100)					Per request
Advance	Rs.500			Rs.1000		Advance which will be adjusted Against billing (Optional)

**This Scheme is valid for 10 years from the date of execution and then would be converted to TC 100.

Note: 1. Sharekhan reserves the right to revise the tariff by providing 30 days notice & this will be binding on all. 2. Any service not quoted above will be charged separately. 3. Transaction statement : Will be sent as per NSDL requirements at no extra cost. Every extra Statement shall be charged at Rs.10. If the number of pages exceeds 10 then every additional page will be charged at the rate of Rs.3 per page. 4. All charges are exclusive of GST and stamp paper / Stamp Duty 5. In case of non payment of DP charge, Sharekhan may levy interest@18% p.a.

SHAREKHAN LIMITED

The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai – 400 028, Maharashtra, INDIA
Tel : 022 - 67502000 | Fax : 022-24327343

Date : ____ / ____ / ____

Sharekhan

by BNP PARIBAS

Application No.

Acknowledgment Slip

Received the application from the following holder/s for opening a trading & depository account. Please quote the Client Code, DP ID & Client ID allotted to you in all your future correspondence.

Name of 1st Holder	Name of 2nd Holder	Name of 3rd Holder

Received Cheque No. _____ Amount _____ Bank Name _____

Received Cheque No. _____ Amount _____ Bank Name _____

Executive Name : _____ Executive Sign : _____

Outlet Name : _____ Outlet Code : _____

For all queries, please call 022 69920600 (Local Call Charges) / 022 - 6115 0000 (If you are in Mumbai)

For DP Inquires & Queries email at dpcall@sharekhan.com & Broking Queries email at myaccount@sharekhan.com

Note : "Kindly DO NOT handover Cash / Shares to the sales executive for any reason whatsoever.

Sharekhan
Seal and Signature

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Achieve Financial Freedom

SIP by SIP

**Set up Systematic Investment Plans
in mutual funds**

Sharekhan

by BNP PARIBAS