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SHAREKHAN LIMITED

Registered Office Address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000. | Fax: 022 - 6748 1899 | 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	INB011073351	28.12.1999	Compliance Officer: Mr. Joby John Meledan , Tel. No : 022 - 6115 0000, E-mail ID: compliance@sharekhan.com CEO Name: Mr. Jaideep Arora, Tel No. : 022 - 6115 0000, E-mail ID: ceo@sharekhan.com For any grievance/dispute, please contact Sharekhan Limited at the above address or e-mail at myaccount@sharekhan.com/igc@sharekhan.com/dpcall@sharekhan.com or contact at 1800-2275-00. In case you are not satisfied with the response, please contact the concerned Exchange(s) as provided below: (1) NSE - ignse@nse.co.in or contact at 1800-2200-58 (2) BSE - is@bseindia.com or contact at 022 - 2272 8097 (3) NSDL - relations@nsdl.co.in or contact at 022 - 2499 4200 (4) CDSL - complaints@cdslindia.com or contact at 022 - 2272 3333 (5) SEBI - Login in through SEBI SCORES to address your grievances (6) MSEI - investorcomplaints@msei.com or contact at 022 - 6112 9000 / Ext. 9028
	F&O	INF011073351	02.06.2000	
	CURRENCY DERIVATIVE	INE011073351 (BSE-CD)	28.11.2013	
NSE	CASH	INB231073330	30.11.2006	
	F&O	INF231073330	30.11.2006	
	CURRENCY DERIVATIVE	INE231073330	25.08.2008	
MSEI	CASH	INB261073333	05.02.2013	
	F&O	INF261073333	05.02.2013	
	CURRENCY DERIVATIVE	INE261073330	30.09.2008	

IMPORTANT NOTE

-  Signature of First Holder/Client/Applicant - (4)
  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	BSE 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	F&O	Futures and Options
14	FATCA	Foreign Account Tax Compliance Act
15	FEMA	Foreign Exchange Management Act
16	EMF	Exchange Margin Funding
17	IFSC	Indian Financial System Code
18	IPV	In-person Verification
19	IRDA	Insurance Regulatory Development Authority
20	ITR	Income Tax Return
21	KRA	KYC Registration Agency
22	KYC	Know Your Client / Know Your Customer
23	MF	Mutual Fund
24	MICR	Magnetic Ink Character Recognition
25	MSEI	Metropolitan Share Exchange of India Limited
26	NRI	Non-Resident Indian
27	NSDL	National Securities Depository Limited
28	NSE	National Stock Exchange of India Limited
29	PAN	Permanent Account Number
30	PEP	Politically Exposed Person
31	POA	Proof of Address or Power of Attorney (as applicable)
32	POI	Proof of Identity
33	RBI	Reserve Bank of India
34	RDD	Risk Disclosure Document
35	RTA	Registrar and Transfer Agent
36	SEBI	Securities and Exchange Board of India
37	SIP	Systematic Investment Plan
38	SLB	Stock Lending and Borrowing
39	UID	Unique Identification Number
40	UIDAI	Unique Identification Authority of India

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

1. Self attested copy of PAN card and Aadhaar are 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. Unique Identification Number (UID) (Aadhaar)/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.
4. 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 Identity.

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.)**Permanent Address:**

1. *Passport / Voters Identity Card / Aadhaar Card / Driving License.
2. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
3. Property or Municipal Tax receipt.
4. Bank account or Post Office savings bank account statement.
5. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
5. 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.
6. Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

Correspondence Address:

In addition to the above permanent address proof the below proof can be accepted for correspondence proof

1. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
2. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
3. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
4. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
5. The proof of address in the name of the spouse may be accepted.
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, FIIs, 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.
5. 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>Photograph, POI, POA, PAN, Aadhaar and DIN numbers of whole time directors/two directors in charge of day to day operations.</p> <p>Photograph, POI, POA, PAN, Aadhaar of Authorised Signatories.</p> <p>Photograph, POI, POA, PAN, Aadhaar 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>Authorised signatories list with specimen signatures.</p>
Partnership firm	<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.</p> <p>Photograph, POI, POA, PAN, Aadhaar of all Partners</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, Aadhaar 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, Aadhaar 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>Authorized signatories list with specimen signatures.</p> <p>Aadhaar of Authorised Signatories and any other holding an attorney to transact on the company's / association / organisation's behalf.</p>
Banks/Institutional Investors	<p>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</p> <p>Authorized signatories list with specimen signatures.</p> <p>Aadhaar of Authorised Signatories and any other holding an attorney to transact on the company's / association / organisation's behalf.</p>
Foreign Institutional Investors (FII)	<p>Copy of SEBI registration certificate.</p> <p>Authorized signatories list with specimen signatures.</p> <p>Aadhaar of Authorised Signatories and any other holding an attorney to transact on the company's / association / organisation's behalf.</p>
Army/ Government Bodies	<p>Self-certification on letterhead.</p> <p>Authorized signatories list with specimen signatures.</p> <p>Aadhaar of Authorised Signatories and any other holding an attorney to transact on the company's / association / organisation's behalf.</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.</p> <p>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</p> <p>Aadhaar of Authorised Signatories and any other holding an attorney to transact on the company's / association / organisation's behalf.</p>

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Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000. | Fax No. 022 - 6748 1899 | Website: www.sharekhan.com

A. IDENTITY DETAILS

(Please fill this form in ENGLISH and in BLOCK LETTERS)

Name of The Applicant:

Date of Incorporation: Place of Incorporation:

Date of Commencement of Business:

PAN : Registration No. (e.g. CIN):

Status (please tick any one):

- Private Limited Co. Public Ltd. Co. Body Corporate Trust Charities NGO's Bank Government Body
- Non Government Organization Defense Establishment Society LLP Partnership FI FII HUF
- AOP BOI Others (please specify)

B. ADDRESS DETAILS

Correspondence Address: As per address proof

Landmark:

City: Pin Code:

State Country:

Specify the proof of address submitted for Correspondence address:

Contact Details : Tel. No. (Off) : STD Code Tel. No. (Resi) : STD Code

Fax No: STD Code Mobile No.:

Email ID:

Registered Address (If different from above): As per address proof

Landmark:

City: Pin Code:

State Country:

Specify the proof of address submitted for Registered address:

FOR OFFICE USE ONLY

SHAREKHAN LTD.

Originals Verified & Self-Attested Document Copies Received.

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

Name of Branch / Sub Broker / Authorised Person :

Name of Branch Staff / Sub Broker / Authorised Person : Staff Code:

Designation : Signature of Branch Staff/Sub-Broker/Authorised Person :

Date : Place :

Name & Signature of the Authorised Signatory

Seal/Stamp of intermediary

Name of Authorised Signatory / Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant : DIN/DPIN

Residential Address : _____
City : _____ State : _____ Country : _____ Pin Code :

Tel. No. : \$TD Cdde PAN* UID (Aadhaar)*

Date of Birth : / / Place of Birth _____ Country of Birth INDIA Others _____

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



I, the holder of Aadhaar number as mentioned above, hereby agree & give my consent to Sharekhan Ltd. to obtain my Aadhaar number, Name and Fingerprint/ Iris for authentication with UIDAI. Sharekhan Ltd has informed me that my identity information would only be used for Account Opening purpose and also informed that my biometrics will not be stored / shared and will be submitted to CIDR only for the purpose of authentication. By submitting my Aadhaar number to Sharekhan Limited, I hereby authorize Sharekhan to collect, store, use, authenticate my Aadhaar number and demographic details (Information) or verify my Aadhaar number and other verifiable details against the UIDAI database before updating my account and also share Information with its various departments, affiliates, associate and group companies of Sharekhan. I shall be deemed to have voluntarily consented that the Aadhaar details can be shared with all regulatory reporting, Government authorities and KYC repositories which includes SEBI, NSE, BSE, MSEI, NSDL, CDSL, SEBI Registered KRAs, CKYCR appointed by CRESAI, AMCs/ RTAs, etc.

Signature

Name of Authorised Signatory / Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant : DIN/DPIN

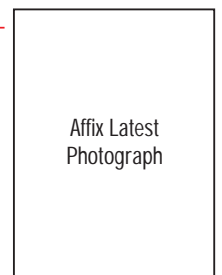
Residential Address : _____
City : _____ State : _____ Country : _____ Pin Code :

Tel. No. : \$TD Cdde PAN* UID (Aadhaar)*

Date of Birth : / / Place of Birth _____ Country of Birth INDIA Others _____

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Signature

Name of Authorised Signatory / Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant : DIN/DPIN

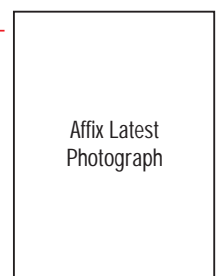
Residential Address : _____
City : _____ State : _____ Country : _____ Pin Code :

Tel. No. : \$TD Cdde PAN* UID (Aadhaar)*

Date of Birth : / / Place of Birth _____ Country of Birth INDIA Others _____

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

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Signature

Name of Authorised Signatory / Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name : _____
Relationship with the Applicant : _____ DIN/DPIN _____
Residential Address : _____
City : _____ State : _____ Country : _____ Pin Code : _____
Tel. No.: _____ STD Code _____ PAN* _____ UID (Aadhaar)* _____
Date of Birth : |M|M| / |D|D| / |Y|Y|Y|Y| Place of Birth _____ Country of Birth INDIA Others _____

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

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- Civil Servant Bureaucrat Current / Former MP, MLA or MLC
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Signature

Name of Authorised Signatory / Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name : _____
Relationship with the Applicant : _____ DIN/DPIN _____
Residential Address : _____
City : _____ State : _____ Country : _____ Pin Code : _____
Tel. No.: _____ STD Code _____ PAN* _____ UID (Aadhaar)* _____
Date of Birth : |M|M| / |D|D| / |Y|Y|Y|Y| Place of Birth _____ Country of Birth INDIA Others _____

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Signature

D. DECLARATION

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

(1) _____

Name & Signature of the Authorised Signatory(ies)

Date |d|d|m|m|y|y|y|y|

FOR OFFICE USE ONLY




- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Date |d|d|m|m|y|y|y|y|

Signature of the Authorised Signatory

Seal/Stamp of intermediary

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Name	Designation	Specimen Signature(s) (with Co. Rubber Stamp)
First Signatory			(2) 
Second Signatory			
Third Signatory			

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: _____

MANDATE FOR MAINTAINING THE ACCOUNT ON RUNNING ACCOUNT BASIS

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha IThink Techno Campus, Off. JVL R,
Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai – 400 042.

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 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 and without limitation to securities/funds/currencies/units of mutual funds.

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/our 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 us/me on our/my specific request, either written or oral. You may debit the charges of holding units/securities to my/our account with you.

Further, I/We, authorise Sharekhan Limited to retain such amount of funds payable to me/us, not exceeding Rs. 10,000/- (Rupees ten thousand only) during any monthly/quarterly settlement of my/our account. I/We, Further agree that my/our account shall be deemed to have been settled as per SEBI/Exchange guidelines for respective quarter notwithstanding the said retention by Sharekhan Limited.

I/we hereby agree to settle my/our funds/securities/mutual funds 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,

(3) 

Date : _____

Place : _____

Signature of Client / Authorised Signatory

* Kindly tick relevant option. If not struck off, the option will be considered as "Quarterly".

FOR OFFICE PURPOSES:

UCC Code allotted to the Client: As mention on page no. 9 on account opening form

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Branch Staff/ Sub-Broker/ Authorised Person			
Staff Code			
Designation of the Staff			
Date			
Signature			

I/ We under take 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 under take 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 under take 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.

Date: _____

Seal/ Stamp of Sharekhan Limited

(Name & Signature
of the Authorised Signatory)

POWER OF ATTORNEY (POA)

(Voluntary)

This Power of Attorney (POA) is executed by the person(s), whose details are mentioned in the Schedule to the POA in favour of "SHAREKHAN LIMITED", a company incorporated under the provisions of the Companies Act, 1956 in India (hereinafter referred to as 'Sharekhan' and shall include its successors and assigns), having its registered office at 10th Floor, Beta Building, iThink Lodha Techno Campus, Kanjur Marg – East, Mumbai – 400 042 and processing office at 3rd Floor, Bay City Centre, 309, Ponnammallee High Road, Above Maruti Kapico Show room, Near Pachiyappas College, Chennai-600010.

WHEREAS Sharekhan is a member of the National Stock Exchange of India Limited ("NSE"), Bombay Stock Exchange Limited ("BSE") and The Metropolitan Stock Exchange of India Limited ("MSEI") on the Capital Market Segment, Futures & Options Segment and Currency Derivatives Segments.

WHEREAS Sharekhan is also a "Depository Participant" registered with (NSDL) bearing Regn No. IN-DP-NSDL-233-2003 and (CDSL) bearing Regn No. IN-DP-CDSL-271-2004

AND WHEREAS Sharekhan is registered with Association of Mutual Funds in India (AMFI) as Mutual Fund Distributor having Registration no. ARN 20669.

AND WHEREAS, I/We wish to avail or I/We am/ are a client availing of the services offered by Sharekhan including transactions in securities or availing any services offered by Sharekhan by whatsoever name called from time to time (including transactions/services carried out/availed through E-broking, web based documents/ facilities and/ or services through its website www.sharekhan.com or any other website or any other channel used for offering Services). Details of my/ our Trading and Demat account with Sharekhan are provided in Schedule to this POA.

Whereas in the course of availing the services or for meeting the settlement obligations thereof on the Exchanges, I/We do hereby nominate, constitute and appoint Sharekhan acting through their Directors, Officers and/or duly authorized staff for the purpose, as my/our true and lawful constituted attorneys for my depository account(s) as provided in the Schedule to the POA and at my risk and costs to do, execute, exercise and perform all or any of the following acts, deeds, matters and things:

1. To have and exercise the powers and / or authority, and to do and / or execute the acts, deeds matters and things specified in Terms & Conditions governing the services provided by the Stock Broker between Sharekhan and the Client as may be applicable in relation to the transactions executed by the client.
2. To operate depository account(s) for giving / receiving instructions, for the purpose of transferring any collateral to the margin account and / or honoring delivery obligations, for any transactions executed through Sharekhan on recognized stock exchanges, under my/our instructions, in any form or format and at any time either electronically or otherwise or through the portal of the Sharekhan or through the internet or any other mode.
3. To instruct the DP to debit securities to my / our aforesaid demat account and/or transfer securities from the said account and/or instruct the DP to execute the share transfer requests given by me/us in electronic form or otherwise through Sharekhan to pool/margin/collateral/any other beneficiary account of Sharekhan as per the Schedule to POA, to the extent of shares sold through Sharekhan for pay-in obligation as well as for upfront margins/margins/settlement obligations towards Stock Exchanges across all segments and to meet such obligation which may arise on account of my/our availing of any services from Sharekhan.
4. To sign instructions on my behalf with respect to debit/credit the depository account(s) for the credit or benefit of my/our account with Sharekhan, for the transactions carried by me/us with Sharekhan.
5. To debit my Trading account towards monies/fees/charges etc. payable to Sharekhan/service provider/any of the affiliates/subsidiaries of Sharekhan by virtue of fees/charges incurred under this POA, demat charges, or any such costs incurred for I/We using/subscribing to any of the

facilities/services provided either by Sharekhan or through a Third Party service provider or by any other security or financial instrument on behalf of me/us though Sharekhan or any third party. To bind ourselves with respect to any.

6. Pursuant to my/our instructions or instructions from my/our Authorised representatives, to do all such acts and things as may be necessary, to enable us to avail services offered by Sharekhan including but not limited to apply/subscribe/renounce/sign renunciation forms for any offer or public issues of shares, securities, stocks, bonds, debentures, rights shares, additional shares, mutual fund units, units of collective investment schemes or any other securities or purchase/sale/redemption, investment, tendering shares in open offer/ buy back, delisting or any other like issues and/or investment product for which services are availed from Sharekhan.
7. To pledge securities with Exchange (s) / Clearing House / Clearing Corporation / Clearing Member / Sharekhan for limited purpose of meeting margin requirements and/or our obligation to Sharekhan.
8. To sign applications, contracts, receipts, documents or forms or correspondences with Exchanges/Depositories/ Mutual Funds or Asset Management Companies or such person(s) or authorities or Departments, apply for, subscribe to, redeem or enter into correspondence, or carry out necessary correspondence, with respect to any Initial Public Offers/Offer for Sale of Securities of the companies/Units of mutual fund, Asset Management company or any other "Investment Products" offered through the website www.sharekhan.com or any other means as per the instructions made available to them by me/us by electronic mail or through the website or any other mode as specified on the website or otherwise and / or to affix their signatures to any document, form or any other record, being a delivery instruction or any other form or document given by me/us to the said depository participant, as required by the concerned depository.
9. To register this Power of Attorney with the Depository Participant and/ or with any other party concerned as is require within the parameters of this Power of Attorney.
10. To receive intimation from the Exchange and any other party regarding the allocation / allotment / rejection / regret of the securities or such other "Investment Product" applications / (Voluntary)subscriptions/withdrawal or any other communications.
11. To authorize Sharekhan to invest on behalf of me/us and to hold the mutual fund /asset management company(ies) based on the request given by me/us to correspond with and give notice to the corresponding asset management company/body corporate(s) /issuer/registrar and transfer agent of securities including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated, pursuant to the authorization given by me to Sharekhan in this regard.
12. To reverse / return to/from me/us the securities or mutual fund units or funds that may have been erroneously debited / credited from/to my DP account as soon it comes to the notice of Sharekhan.
13. To authorize Sharekhan to transfer the securities to any of the demat accounts of Sharekhan mentioned in Schedule to the POA.
14. We, the joint holders (first, second, third holders) of demat account agree, ratify and confirm to bind ourselves to any instructions given by the first holder of the demat account, being the trading account holder, as herein above mentioned, who shall be the exclusive beneficiary of the transactions carried out pursuant to this Power of Attorney, the Director/s and/or Authorised Signatories, who have in token thereof, subscribed their signature thereto.
15. That the Power of Attorney (POA) herein referred to is revocable at any time by giving notice in writing to Sharekhan subject to such revocation shall not be applicable for any outstanding obligations arising out of the transactions carried out/services availed prior to receiving request for revocation of POA.
16. This document shall be subject to the jurisdiction of the courts in Mumbai.

SCHEDULE to POA

	Name	Address
Authorized Signatory (1) / Karta/Partner of the First / Sole Holder (Trading Account Client)		
Authorized Signatory (2) / Co-parcener / Partner		
Authorized Signatory (3) / Co-parcener/Partner		
Authorized Signatory (4) / Co-parcener/Partner		
Second Holder		
Third Holder		
Demat Account No.		

Sharekhan Designated Demat Account Nos.

DP Name	DP id	Client id
Sharekhan Limited	IN 300513	13377988, 14972568, 14972576 , 14972592, 10000578, 14972584, 14972550, 17801389, 20993448, 20978552, 23446396, 23446407
Sharekhan Limited	12036000	00056193, 00000076, 00063384, 01669790
NSCCL	11000011	00016512
BOI – Shareholding Ltd.	11000010	00014903
MSEI	11000028	00001042

IN WITNESS WHEREOF I/We have hereunto set and subscribed my/our respective hands to these presents the day and the year herein above written
Signed and Delivered

	Authorized Signatory (1) / Karta/Partner of the First / Sole Holder	Authorized Signatory (2) / Co-parcener / Partner	Authorized Signatory (3) / Co-parcener / Partner
SIGNATURE	(4)		
	Authorized Signatory (4) / Co-parcener / Partner	Second Holder	Third Holder
SIGNATURE		(3)	(3)

The Common Seal of _____ has been affixed hereunto in accordance to the Articles of Association and in pursuance to the resolution of the Board of Directors dated _____ in the presence of below witnesses:
CLIENT'S WITNESS TO THE POWER OF ATTORNEY (For and on behalf of the client)

Witness 1 Name _____ Address _____ _____ Signature _____	Witness 2 Name _____ Address _____ _____ Signature _____
--	--

We hereby agree to exercise the powers conferred upon us in terms of the clauses mentioned here in above.

For Sharekhan Limited

Authorised Signatory

Date: _____

(HO purpose only)

Sharekhan

by BNP PARIBAS

Date:
To,
Sharekhan Ltd.
10th Floor, Beta Building, iThink Lodha Techno Campus,
Kanjur Marg – East, Mumbai – 400 042

Ref. Customer id _____ PAN: _____

Dear Sir / Madam,

Sub: Systematic Investment Plan (SIP) Mandate

I/We, Mr. / Mrs. / Ms. / M/s. _____ hereby request Sharekhan to kindly commence the following SIP (s) for the above mentioned customer id.

I/We, further authorize Sharekhan to place the SIP request with the aforesaid Asset Management Company (ies) and to sign such documents / authorizations on my/our behalf for giving effect to the said transactions.

Sr. No.	Scheme Code	Scheme Name	Option (Growth/ Dividend)	SIP Installment Amount (Rs.)	SIP Start Date (dd)	Frequency (Monthly/ Quarterly/ Half Yearly)	Period in Months
1							
2							
3							
4							

I/We confirm that I/We are eligible to invest in mutual funds as per the existing applicable rules and regulations prescribed by SEBI / AMC / RTAs and Sharekhan.

I/We hereby further confirm having read the applicable terms and conditions mentioned on the website and such other applicable terms and conditions as would be laid down by Sharekhan Limited or various Asset Management Companies (AMCs) / Registrar and Transfer Agents (RTAs) from time to time and shall abide by the same at all times. I/We agree that it shall be my/our responsibility for regularly reviewing these Terms and Conditions, including amendments as may be posted on the website of the company and shall be deemed to have accepted the amended Terms and Conditions by continuing to use the Services.

You are requested to process my/our SIP request as above.

Note - AUTO SWEEP – Yes **- No** (Please select "Yes" for automatic allocation of funds from trading account to Mutual Fund account)

Yours truly,



Signature of the client

Name of the Client

Employee Code: _____

Employee Name: _____

Mutual Fund AMC wise Monthly*SIP Date :

*For weekly and Quarterly SIP dates please coordinate with mfsupport@sharekhan.com

Mutual Fund Name	Date1	Date2	Date3	Date4	Date5	Date6	Date7
Axis Mutual Fund	1 To 27						
Birla Mutual Fund	1	7	10	15	20	28	
BNP Paribas Mutual Fund	1	7	15	25			
BOI AXA Mutual Fund	1	7	10	15	20	25	
Canara Robeco Mutual Fund	1	5	15	20	25		
DSP Black Rock Mutual Fund	1	7	14	21			
Edelweiss Mutual Fund	7	14	21				
Franklin Templeton Mutual Fund	1	7	10	20	25		
HDFC Mutual Fund	1	5	10	15	20	25	
HSBC Mutual Fund	3	10	17	26			
ICICI Prudential Mutual Fund	7	10	15	25			
IDFC Mutual Fund	1 To 27						
IIFL Mutual Fund	1 To 28						
JM Financial Mutual Fund	1	5	10	15	20	25	
JPMorgan Mutual Fund	1	10	15	25			
Kotak Mahindra Mutual Fund	1	7	14	21			
L&T Mutual Fund	5	15	25				
LIC Mutual Fund	1	7	10	15			
Mirae Asset Mutual Fund	1	10	15	21			
Motilal Oswal Mutual Fund	1	7	14	21	28		
PRINCIPAL Mutual Fund	1	5	15	25			
Reliance Mutual Fund	2	10	18	28			
Religare Mutual Fund	3	10	20				
SBI Mutual Fund	5	15	25				
Sundaram Mutual Fund	1	7	14	20	25		
Tata Mutual Fund	1	7	10	20			
Taurus Mutual Fund	1	5	10	15			
UTI Mutual Fund	1	7	15	25			

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVL R, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	Fields marked with '*' are mandatory fields
(To be filled by financial institution)	KYC Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	(Mandatory for KYC update request)
	Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small	

1. PERSONAL DETAILS (Please fill the form in English and in BLOCK letters)

Name* (Same as ID proof)	Prefix <input style="width: 20px;" type="text"/>	First Name <input style="width: 60px;" type="text"/>	Middle Name <input style="width: 60px;" type="text"/>	Last Name <input style="width: 60px;" type="text"/>
Maiden Name (If any*)		First Name <input style="width: 60px;" type="text"/>	Middle Name <input style="width: 60px;" type="text"/>	Last Name <input style="width: 60px;" type="text"/>
Father / Spouse Name*		First Name <input style="width: 60px;" type="text"/>	Middle Name <input style="width: 60px;" type="text"/>	Last Name <input style="width: 60px;" type="text"/>
Mother Name*		First Name <input style="width: 60px;" type="text"/>	Middle Name <input style="width: 60px;" type="text"/>	Last Name <input style="width: 60px;" type="text"/>
Date of Birth*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender	Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National	<input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin	Citizenship* <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others _____	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised (Please Specify _____)			

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

Mobile <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Tel. (Off) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
Tel. (Res) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Fax <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
Email ID <input style="width: 80%;" type="text"/>	

3. PROOF OF IDENTITY (PoI)* (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- PAN Card * <input style="width: 60px;" type="text"/>	<input type="checkbox"/> B - UID (Aadhaar)* <input style="width: 60px;" type="text"/>
<input type="checkbox"/> C- Voter ID Card <input style="width: 60px;" type="text"/>	<input type="checkbox"/> D- NREGA Job Card <input style="width: 60px;" type="text"/>
<input type="checkbox"/> E- Passport Number <input style="width: 60px;" type="text"/>	Passport Expiry Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/> F- Driving Licence <input style="width: 60px;" type="text"/>	Driving Licence Expiry Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/> G- Others (any document notified by the central government <input style="width: 60px;" type="text"/>	Identification Number <input style="width: 60px;" type="text"/>
<input type="checkbox"/> H- Simplified Measures Account - Document Type code <input style="width: 20px;" type="text"/>	Identification Number <input style="width: 60px;" type="text"/>

4. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the as per the list in check list Proof of Address [PoA] needs to be submitted)

4.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ State / U.T. _____ Pin / Post Code*

Country _____ Land Mark _____

4.2 PERMANENT / OVERSEAS ADDRESS DETAILS




(Certified copy of any one of the as per the list in check list Proof of Address [PoA] needs to be submitted)

Address Type* <input type="checkbox"/> Residential / Business	Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Proof of Address* <input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Others <input style="width: 20px;" type="text"/>	
Address <input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Simplified Measures Account - Document Type code <input style="width: 20px;" type="text"/>	
Line 1* _____		
Line 2 _____		
Line 3 _____ City / Town / Village* _____		
District* _____ State / U.T. _____ Pin / Post Code* <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
Country _____ Land Mark _____		

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

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.

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 under take 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, (5)  _____ (4)  _____ (4)  _____

(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
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.

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 Name_____	Signature X Name_____	Signature X Name_____
--------------------------	--------------------------	--------------------------

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

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.

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 _____

CUSTOMER PROFILE SHEET

(Voluntary)

Dear Customer,
Please answer a few questions to help us to know you and serve you better
Tick (✓) wherever applicable:

How long have you been investing in Mutual Fund?	New	< 1 year	1 to 5 years	5 to 10 years	More than 10 years	
How do you invest in Mutual Fund?	SIP	Lumpsum	Both			
From where are you investing in Mutual Fund? (Please specify)						
What is your current portfolio value in Mutual Fund investment ?	No portfolio	Below 50 K	50K to 2 Lakhs	2 Lakhs to 5 Lakhs	5 Lakhs to 20 Lakhs	> 20 Lakhs
In which range would your Annual Income fall in to?	< 1.5 Lakhs	1.5 to 3 Lakhs	3 to 6 Lakhs	6 to 12 Lakhs	12 to 24 Lakhs	> 24 Lakhs
How much do you save/invest on a monthly basis?	Rs. _____					

Your current savings / Investment covers for - Tick (✓) wherever applicable:

Emergency funds	Yes	No	NA
Insurance (Health & Life)	Yes	No	NA
Own house	Yes	No	NA
Child education	Yes	No	NA
Child marriage	Yes	No	NA
Retirement	Yes	No	NA

Would you like us to assist you with Goal based investment planning?

Yes	No
-----	----

Please indicate which of the following products you have knowledge and/or experience before:
Tick (✓) wherever applicable:

Financial Products	Do you invest?	Do you need Sharekhan to help you with investment?	I am aware about	I would like to know more about
Fixed Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate FD's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULIP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derivatives Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Sharekhan?

Please tick (✓) only one

Google /Search	<input type="checkbox"/>	Event	<input type="checkbox"/>
Email	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>
Social media	<input type="checkbox"/>	Forum/Blog	<input type="checkbox"/>
TV Advertisement	<input type="checkbox"/>	Other	<input type="checkbox"/>

Can you refer a friend? Name : _____ Name : _____

Contact : _____ Contact : _____ Client Signature : _____

FOR OFFICE USE ONLY

Name of The Executive:	_____	Executive Code:	_____
Name of The Manager:	_____	Manager Code:	_____
City:	_____	Lead Source:	_____
Margin (₹):	_____	Account Opening Charges:	_____

Signature: _____

In case of waiver of account opening fee

Approved By Name :	_____	Designation:	_____
Signature With Stamp	_____		

SHAREKHAN LIMITED

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042, Maharashtra.
Tel: 022 - 6115 0000. | Fax No. 6748 1899 | Website: www.sharekhan.com

FATCA, CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC (Details and Self Certification form for Non-Individuals)

Please read all the instructions carefully before filling the form
*Please fill in ENGLISH and in BLOCK LETTERS with black ink
Please consult your professional tax advisor for further guidance on FATCA & CRS classification
Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

Request ID	
------------	--

I. *Entity Details: (please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

Client Code		PAN	
Entity Name			

II. * Additional KYC information:

1. **Gross Annual Income Details** please tick (✓) Below 1 Lac 1-5 Lac > 5 - 10 Lac > 10- 25 Lac > 25 Lacs-1 Crore > 1 crore

2. **Net-worth in ₹.** as on (date) DD / MM / YYYY (not older than 1 year)

3. **Source of Wealth** (please tick (✓) any one) : Business Income Gift Ancestral Property Rental Income Prize Money Royalty
 Others (please specify) _____ specify here

4. **Occupation** (please tick(✓)any one): Business Service Others (please specify) _____ specify here

5. **Is the entity involved/providing any of the following services** please tick(✓)

-Foreign Exchange / Money Changer Services	: <input type="checkbox"/> YES <input type="checkbox"/> NO
-Money Lending / Pawning	: <input type="checkbox"/> YES <input type="checkbox"/> NO
-Gaming / Gambling/ Lottery Services(e.g. casinos, betting syndicates)	: <input type="checkbox"/> YES <input type="checkbox"/> NO

6. **Politically Exposed Person (PEP) Status*** (please tick(✓) anyone : (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Wholetime Directors)

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of Stat military officers, senior executives of state owned corporations, important political party officials, etc.

I am a PEP I am related to PEP Not Applicable

7. **Type of address given at KRA** (please tick(✓) any one) : Residential or Business Residential Business Registered Office

III. * FATCA & CRS declaration: (Please tick (✓) the appropriate tax resident declaration)

City of Incorporation	Date of Incorporation	Country of Incorporation
Entity Constitution Type <small>please tick(✓) as appropriate</small>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Pvt. Ltd. Company <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Liquidator <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others _____ please specify	
Is 'Entity' a tax resident of any country other than India?	<input type="radio"/> YES <input type="radio"/> NO	

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

S.No	Country of Tax Residency	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

% - In case Tax Identification Number is not available, kindly provide its functional equivalent⁵
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here mention here (refer 3(viii) of Part C)

Account holder type for Us Reportable Person (Refer 3(ix) of Part C)

Account holder type for other Reportable Person (Refer 3(ix) of Part C)

Part A: (to be filled by Financial Institutions or Direct Reporting NFEs) N.A. (Please tick (✓) if not applicable)

We are a,
 Financial Insitution (Refer 1of Part C)
 or
 Direct reporting NFE (Refer 3(vii) of Part C)
 please tick (✓) as appropriate

GIIN

Note: If you do not have a GIIN but you are sponsored by an other entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:
 Name of the Sponsoring entity:

GIIN not available Applied For Not obtained - Non participating FI
 please tick(✓) as appropriate Not required to apply for - please specify 2 digits of sub-category (Refer 1A of Part C)

Part B: (Please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs) N.A.

<input type="radio"/> Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)	(Please specify any one stock exchange where it is regularly traded) Name of the Stock Exchange _____
<input type="radio"/> Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)	(Please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company (OR) <input type="checkbox"/> Controlled by a Listed Company Name of the Stock Exchange _____
<input type="radio"/> Is the Entity an Active NFE? (Refer 2C of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention Code - Refer 2C of Part C)
<input type="radio"/> Is the Entity a Passive NFE? (Refer 3(ii) of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____

*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):

<input type="checkbox"/> 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	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	UBO1	UBO2	UBO3
PAN #			
Aadhaar			
Name of UBO			
UBO Code (Refer 3(iv) A of Part C)			
Customer ID (If any with Sharekhan Limited)			
Percentage of Holding (%) ^s			
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
Country of Tax Residency*			
Tax ID ^{**}			
Tax ID Type (TIN or Other, please specify)			
Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green card in any country other than India. If passive NFFE [^] , please provide below additional details also.			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
City of Birth			
Country of Birth (Mandatory)			
Nationality			
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 _____		
Occupation Type	<input type="radio"/> Service <input type="radio"/> Business <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

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our AMCs. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

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

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Sharekhan/ the AMC/ the Mutual Fund/ the Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

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

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

Date _____ / _____ / _____

Place _____