

No.:

CLIENT **REGISTRATION** **FORM**

Individual

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& Valuable Investing Experience!

NSDL

VERSION 19.1

Sharekhan

by BNP PARIBAS

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

- 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.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- 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.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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.
- 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.
- Fields marked with '*' are mandatory fields.
- Tick '✓' wherever applicable.
- Please fill all dates in DD-MM-YYYY format.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- Clarification / Guidelines on filling 'Personal Details' section
 - 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.
 - 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:

- 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.
- PAN card with photograph.
- 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.
- 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.

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:**

- *Passport / Voters Identity Card / Aadhaar Card / Driving License.
- Utility bill which is not more than two months old of any service provider (electricity, telephone, piped gas, water bill).
- Property or Municipal Tax receipt.
- Bank account or Post Office savings bank account statement not more than 3 months old.
- Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
- 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.
- 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

- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- 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.
- 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.
- For FPI/Power of Attorney given by FPI to Custodians specifying the address (duly notarized and/or apostilled or consularised), that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.
- Aadhaar Letter issued by UIDAI shall be admissible as Proof of address in addition to Proof of Identity.

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

- 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.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs. 50,000/- p.a.
- 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.
- 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)

1. INSTRUCTIONS / CHECK LIST

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

1. Copy of ITR Acknowledgement	4. Net worth Certificate - CA Certified	7. Demat Account Holding Statement along with valuation
2. Copy of Annual Accounts	5. Salary Slip	8. *Any other relevant documents substantiating ownership of Assets
3. Copy of Form 16 in case of salary income	6. Bank Statement (For last 6 months)	

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

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Sr. No.	Name of the Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI, DEPOSITORY & EXCHANGES			
1.	Account Opening Form-Checklist & Instructions	The Document provides Instructions & Checklist relevant to opening of trading & demat account	1
2.	Know Your Client (KYC) Application Form	This Document captures the basic information about the client/ Joint Holders for Trading & Demat Account respectively	4-5 15-18
3.	Account Opening Form for Trading & Depository	This Document captures the additional information about the client relevant for opening Trading & Demat Account	6-10
4.	Nomination Form	This Document captures the details of nominee(s) w.r.t. the trading and/or demat account/Mutual Fund and the details of guardian in case of minor nominee(s)	11-12
5.	Tariff Sheet	This Document provides schedule of fee applicable for Depository Account	21
6.	Other Documents	This document contain Policy & Procedure document	A-1

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

7.	Mandate for maintaining the account on running account basis	This Document enables you to maintain your account on a running account basis.	13
8.	Profile Sheet	This Document enables us to know your interest in the stock market so that we can serve you better	14
9.	SIP Mandate	This Document authorises Sharekhan to place SIP request with RTA / AMCs on behalf of the client	19-20
10.	Power of Attorney	This Document confers specific rights on Sharekhan for operating your Demat account and for transferring the shares for margin/ pay-in purpose and also authorises Sharekhan to act based on the instructions given by you	A-1

SHAREKHAN LIMITED

Registered / Correspondence 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	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 - 25753200/022 - 61151111/022-33054600 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 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 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
BSE	CASH, F&O, CURRENCY	INZ000171337	26.03.2018	
NSE				
MCX	COMMODITY			

IMPORTANT NOTE

✍ Signature of First Holder/Client/Applicant - (10) ✍ Signature of Second Holder - (4) ✍ Signature of Third Holder - (4)
✍ Signature of Witness - (3)

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	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
41	UPI	Unified Payments Interface
42	VPA	Virtual Payment Address

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

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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	Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____		
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender	**Citizenship / Nationality <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others_____		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian #Please specify separately in case Nationality and Citizenship is different.			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional)			
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X-Not Categorised (Please Specify _____)			
A- PAN Card*	[][][][][][][][][]			

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

Mobile –

Tel. (Res) –

Email ID

Tel. (Off) –

Fax –

3. 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))

<input type="checkbox"/> A- Passport Number	<input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/>		

Address

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

4. 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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address	<input type="text"/>
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/>		

Address

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

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

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 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 _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER
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			

FATCA related information:

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
Is your Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Country of Tax Residency#	_____	_____	_____
Tax Identification Number*	_____	_____	_____
Identification Type	_____	_____	_____
Country of Tax Residency#	_____	_____	_____
Tax Identification Number*	_____	_____	_____
Identification Type	_____	_____	_____

#To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries.

*Incise tax identification number is not available, kindly provide its functional equivalent

For First Holder Only:
Details in case of Employment/Business/Profession:

Name of Employer/Establishment _____
 Address : _____ Country _____

Designation: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official ☐ Others _____

UBO of Listed company: ☐ Yes ☐ No If yes, name of the listed company _____

For Business / Professional Categories (mandatory wherever applicable):

Nature / Type _____ Registration No. _____ Registration Authority _____

GST. No. (If Any) _____ IEC Code (In case of Exporter / Importer) _____

D. DEALINGS THROUGH AUTHORISED PERSON & OTHER STOCK BROKERS ☐ No ☐ Yes (If yes, please mention details below)

Name of Authorised Person : _____

Registration No: NSE BSE

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 / Sub Broker 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

Details of any action/proceedings initiated /pending/taken by SEBI/Stock Exchange/any other authority against the Client during the last 3 years for violation of securities law/other economic offences (including action taken against relatives/associates) _____

E. INVESTMENT/TRADING EXPERIENCE & PREFERENCE

☐ No Prior Investment Experience Years in Equities Years In Derivatives Years in other Investment Related Field

Proposed Investment / Margin through Sharekhan: ₹ _____

F DEPOSITORY ACCOUNT DETAILS (Transactions would be generally routed through the below demat account.) (Default for Payout)

Depository : NSDL ☐ CDSL ☐ DP Name: _____

Beneficiary Name: _____ DP ID : BO ID:

G. BANK ACCOUNT DETAILS

Default Bank (Through which payout transactions would be generally routed)	Additional Bank
Name & Address : _____	Name & Address : _____
Account No. _____	Account No. _____
Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other: _____	Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other: _____
MICR Code _____	MICR Code _____
IFSC Code _____	IFSC Code _____
UPI/VPA _____	UPI/VPA _____

H. DP TARIFF SCHEME ("Schedule A") - (Scheme Details on Page 22)

Consent to avail BSDA facility for new Demat account for which I/we have submitted the account opening form ☐ Yes ☐ No
☐ Scheme A (TC100) ☐ Scheme B (TC108) ☐ Scheme C (TC119) ☐ Scheme D (TC117) ☐ Scheme E (TC120) ☐ Scheme F (TC101)

I. OPTION FOR ISSUANCE OF DIS BOOKLET (*Please refer to the details in Tariff Sheet) (Option 1 in mandatory in case of BSDA A/cs.)

Option 1 : ☐ I/we do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Option 2 : ☐ I/we wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

J. For Commodity Segment Only : Participant Category*:

Commercial Participant ☐ Value Chain Participant ☐ Exporter ☐ Importer ☐ Hedger
 Non Commercial Participant ☐ Financial Participant ☐ Trader ☐ Jobber ☐ Arbitrager

K. INTRODUCER DETAILS (Optional)

Name & Address of the Introducer: _____

Status of the Introducer: Remisier/ Authorised Person/ Existing Client/ Director or Employee of Trading Member/ any other Person (Please Specify) _____ Mobile No. / Tel. No. : _____

Proof of Identity (POI) : ☐ PAN No. ☐ Passport No. ☐ Driving Licence ☐ Voter ID _____

Signature: ➤ _____

L. BROKERAGE STRUCTURE (Mandatory)

	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		<input type="checkbox"/>

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.

* 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.

M. NOMINATION (☐ Depository A/c only ☐ Trading A/c only ☐ MF A/c only ☐ All)

* PAN of Nominee Mandatory for Nomination in Trading A/c

<input type="checkbox"/>	I/We wish to make a nomination and do hereby nominate the person, details of whom are provided on nomination form who is/are entitled to receive securities / funds/ Mutual fund units balances lying in my/our account, in the event of my/our death.
<input type="checkbox"/>	I/ We do not wish to nominate any one for this Demat Account, Trading Account & Mutual Fund and consequently all rights and liabilities in respect of beneficiary ownership in the Securities / Funds / Mutual Fund units held by me/us shall vest in me/us

N. STOCK EXCHANGES ON WHICH YOU WISH TO TRADE




CASH (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 derivative 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.

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. Under Penalty of perjury, I/We certify that:
 - i. I/We am/are (i) Taxable as a US person under the laws of the United States of America ("U.S") or any state of political subdivision thereof or therein, including the District of Columbia or any other states of U.S., (ii) and state that the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder/(s) is/are identified as a US person)
 - ii. I/We am/are an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
6. I/We hereby confirm that I/we am/are not a US Person or a resident for tax purpose in any country other than India, though my/our Country of Birth suggests my/our relation with US or one or more parameters suggest my/our relation with the country outside India. I/we am/are providing / already provided copy of my PAN card and now providing a certificate of relinquishment of US citizenship (loss of nationality) OR reasons for not having such a certificate despite relinquishing US citizenship OR for not obtaining US citizenship at birth (only if born in US)
Please specify reason:
7. I/We confirm having read and understood the guidelines pertaining to BSDA and is eligible to open a depository account as a BSDA holder. I/we will comply with the said guidelines and that in case my/our Demat Account opened under BSDA facility does not meet the eligibility for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my/our BSDA account will be converted to Regular Demat Account without further reference to me/us and will be levied charges as applicable to regular accounts (applicable only if consented for BSDA facility).
8. I/We also declare that I/we have complied and will continue to comply with FEMA & other applicable regulations.
9. Declaration of Tax Conformity—I/We acknowledge that it is my responsibility to understand and comply with any tax obligations and requirements and the consequences thereof that may apply to me/us under the laws and regulations of my/our country of residence or any other relevant jurisdiction, and where appropriate to seek the necessary independent professional advice.
Such obligations and requirements include the obligation to ensure that any account that I/we maintain with the Sharekhan, as well as any assets (including cash, securities and other assets) deposited with the Sharekhan under my/our name, and any income or proceeds in relation thereto, are disclosed to the relevant tax or other authorities in my/our country of residence and any other relevant jurisdiction.
In this respect, I/we hereby confirm that I/we understand such obligations and requirements and that I/we am/are compliant in respect thereof.
I/we herewith 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 of residence and in any other jurisdiction as required by the applicable laws and regulations.
I/We understand that should any of the aforementioned statement or undertaking be or become incorrect and should I/we not immediately correct the situation and prove this to the Sharekhan Ltd, the Sharekhan Ltd may decide to immediately terminate its relationship with me/us. I/We shall bear any damage resulting there from.

10. I/We hereby declare that I/we had provided Aadhaar Card as proof of Identity and/or proof 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)
11. I/We hereby confirm that Sharekhan may update my/our name in all Exchanges as per the name available in Income Tax records.
12. 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.
13. 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.

	Name(s) of holder(s)/client	Specimen Signature of holder(s)/client
Sole/First Holder		(6) 
Second Holder		(2) 
Third Holder		(2) 

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

NOMINATION FORM

Name of the 1st Nominee (Mr./Ms./Mast.) * First Name _____ * Last Name _____																															
Photograph of Nominee	Share of each Nominee : <input type="checkbox"/> Equally <input type="checkbox"/> [If not equally, please specify percentage] _____ % Residual share payable <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If not Tick Mark, Any odd lot after division shall be transferred to the first nominee mentioned in the form.)</small>																														
	Relationship With the Applicant (If Any) _____ DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y																						
	d	d	m	m	y	y	y	y																							
	*Address of the Nominee : _____ _____ CITY _____ PIN _____																														
	Mobile No./Tel.: _____ Email ID : _____																														
Nominee Identification Details [Please tick any one of following and provide details of same] PAN <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
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X	X	X	X	X	X	X	X																								
Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Nominee : _____																															

As the nominee is a minor as on date, to receive to the Securities/Funds/Mutual Fund units in this account on behalf of the nominee in the event of the death of the Sole holder / all joint holders. I/We appoint following person to act as Guardian:

Name of the Guardian (Mr./Ms.) * First Name _____ * Last Name _____																														
Photograph of Guardian	Relationship With the Guardian (If Any) _____ DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y																					
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X	X	X	X	X	X	X	X																							
Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Guardian: _____																														

Name of the 2nd Nominee (Mr./Ms./Mast.) * First Name _____ * Last Name _____																															
Photograph of Nominee	Share of each Nominee : <input type="checkbox"/> Equally <input type="checkbox"/> [If not equally, please specify percentage] _____ % Residual share payable <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If not Tick Mark, Any odd lot after division shall be transferred to the first nominee mentioned in the form.)</small>																														
	Relationship With the Applicant (If Any) _____ DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y																						
	d	d	m	m	y	y	y	y																							
	*Address of the Nominee : _____ _____ CITY _____ PIN _____																														
	Mobile No./Tel.: _____ Email ID : _____																														
Nominee Identification Details [Please tick any one of following and provide details of same] PAN <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
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X	X	X	X	X	X	X	X																								
Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Nominee : _____																															

As the nominee is a minor as on date, to receive to the Securities/Funds/Mutual Fund units in this account on behalf of the nominee in the event of the death of the Sole holder / all joint holders. I/We appoint following person to act as Guardian:

Name of the Guardian (Mr./Ms.) * First Name _____ * Last Name _____																														
Photograph of Guardian	Relationship With the Nominee(If Any) _____ DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y																					
	d	d	m	m	y	y	y	y																						
	Address of Guardian _____ _____ CITY _____ PIN _____																													
	Mobile No./Tel.: _____ Email ID : _____																													
	Guardian Identification Details [Please tick any one of following and provide details of same] PAN <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
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X	X	X	X	X	X	X	X																							
Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Guardian: _____																														

Name of the 3rd Nominee (Mr./Ms./Mast.) * First Name _____ * Last Name _____

Share of each Nominee : ☐ Equally ☐ [If not equally, please specify percentage] _____ % Residual share payable ☐ Yes ☐ No
(If not Tick Mark, Any odd lot after division shall be transferred to the first nominee mentioned in the form.)

Relationship With the Applicant (If Any) _____ DOB

d	d	m	m	y	y	y	y
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*Address of the Nominee : _____

CITY _____ PIN _____

Mobile No./Tel.: _____ Email ID : _____

Nominee Identification Details [Please tick any one of following and provide details of same] PAN

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

Aadhaar

X	X	X	X	X	X	X	X				
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 Demat account details of nominee DP ID

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 Client ID

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Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Nominee : _____

As the nominee is a minor as on date, to receive to the Securities/Funds/Mutual Fund units in this account on behalf of the nominee in the event of the death of the Sole holder / all joint holders. I/We appoint following person to act as Guardian:

Name of the Guardian (Mr./Ms.) * First Name _____ * Last Name _____

Relationship With the Nominee (If Any) _____ DOB

d	d	m	m	y	y	y	y
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*Address of Guardian _____

CITY _____ PIN _____

Mobile No./Tel.: _____ Email ID : _____

Guardian Identification Details [Please tick any one of following and provide details of same] PAN

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Aadhaar

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

 Demat account details of nominee DP ID

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 Client ID

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Saving Bank Account No. _____ Copy of any proof of ID : _____ Signature of Guardian : _____

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

(To be filled by DP) Nomination Form accepted and registered vide Registration No. _____ dated _____.

Name of Witness for Nomination	Address of Witness	Signature of Witness
		<input checked="" type="checkbox"/> date : _____

Name(s) of Holder(s)	Signature(s) of holder
Sole/First Holder/Guardian (in case sole holder is minor) (Mr./Ms.)	(7)
Second Holder (Mr./Ms.)	(3)
Third Holder (Mr./Ms.)	(3)

INSTRUCTIONS:

1. Instructions related to nomination, are as below:

- The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
- A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the participant against the legal heir.
- The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, karta of

Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.

(vii) On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.

2. Nomination can be made upto three nominees in a demat accounts In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
3. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the Nominee Form at the time of substitution will be considered Therefore, please mention the complete details of all the nominees.
4. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.
5. Savings bank account details shall only be considered if the account is maintained with the same participant.
6. DP ID and client ID shall be provided where demat details is required to be provided.
7. Please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be entitled for residual shares, if any.
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

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/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.

Further, I/We, authorise Sharekhan Limited to retain such amount of funds and/or securities payable to me/ us, not exceeding value of Rs. 10,000/- (Rupees ten thousand only) or such other permissible amount as directed by regulatory authorities from time to time 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/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 : _____

(8) 

Signature of Client

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

POWER OF ATTORNEY (POA)

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.

Sharekhan Ltd. is a member of the National Stock Exchange of India Limited ("NSE"), Bombay Stock Exchange Limited ("BSE") for Capital Market, Future & Options, Currency Derivatives and Commodity Segments and The Multi Commodity Exchange of India Limited ("MCX") on the Commodity Segment.

WHEREAS Sharekhan is also a "Depository Participant" registered with NSDL & CDSL bearing Regn No. IN-DP-NSDL-365-2018

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/our depository account(s) as provided in the Schedule to the POA and at my/our 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 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/Client Unpaid Securities Account / Client Securities under Margin Funding Account / Client Securities Margin Pledge account or any other DP 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/our 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/our 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

- incurring 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 through 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 in favour of Sharekhan / Clearing Member and further re-pledge of securities to Clearing House/Clearing Corporation 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 required 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 units of the schemes of mutual fund issued by the 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/registrars 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/us to Sharekhan in this regard.

(Voluntary)

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/our 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 for meeting clearing, Margin and settlement obligations with respect to securities.
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. We are aware that execution of PoA is not a mandatory requirement as per SEBI/Exchange guidelines and are executing the same to facilitate efficient and seamless disposal of our securities upon our instructions to Sharekhan.

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.

	Name	Address
First / Sole Holder (Trading Account Client)		
Second Holder		
Third Holder		
Demat Account No.	As per specified in page no. 6	

Sharekhan Designated Demat Account Nos.

DP Name	DP ID	Client ID
Sharekhan Limited	IN300513	13377988, 10000578, 23589560, 23612690, 23612681
Sharekhan Limited	12036000	00056193, 00000076, 00000061, 00072608, 00072591, 04020865, 05212853, 05212868
NCL	11000011	00016512
ICCL	11000010 11000024	00014903 00000442

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

	Sole / First Holder	Second Holder	Third Holder
SIGNATURE	(9)	(4)	(4)

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
(HO purpose only)

Date: _____

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

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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* ☐ New ☐ Update(To be filled by financial institution) KYC Number (Mandatory for KYC update request)Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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	Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T-Transgender	*Citizenship / Nationality <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	#Please specify separately in case Nationality and Citizenship is different.		
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"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised (Please Specify _____)			
A- PAN Card*	<input type="text"/>			

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

Mobile	<input type="text"/>	Tel. (Off)	<input type="text"/>
Tel. (Res)	<input type="text"/>	Fax	<input type="text"/>
Email ID	<input type="text"/>		

3. 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))

<input type="checkbox"/> A- Passport Number <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication <input type="text"/>
<input type="checkbox"/> C- Driving Licence <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> E - National Population Register Letter <input type="text"/>	

Address

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

4. 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)

<input type="checkbox"/> A- Passport Number <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar <input type="text"/>
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<input type="checkbox"/> C- Driving Licence <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card <input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address <input type="checkbox"/>
<input type="checkbox"/> E - National Population Register Letter <input type="text"/>	

Address

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

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

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 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 _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]

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

For office use only

Application Type* ☐ New ☐ Update(To be filled by financial institution) KYC Number (Mandatory for KYC update request)Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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Name* (Same as OVD proof)	Prefix	First Name	Middle Name	Last Name
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Father / Spouse Name*		First Name	Middle Name	Last Name
Mother Name*		First Name	Middle Name	Last Name
Date of Birth*	DD MM YYYY	Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T-Transgender	*Citizenship / Nationality <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	#Please specify separately in case Nationality and Citizenship is different.		
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"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised (Please Specify _____)			
A- PAN Card*	<input type="text"/>			

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

Mobile	<input type="text"/>	Tel. (Off)	<input type="text"/>
Tel. (Res)	<input type="text"/>	Fax	<input type="text"/>
Email ID	<input type="text"/>		

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Address

Line 1*	
Line 2	
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District*	Pin / Post Code* State
Country	

4. CURRENT ADDRESS DETAILS

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<input type="checkbox"/> D- NREGA Job Card <input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address <input type="checkbox"/>
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Address

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

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

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 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 _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED
Code IN0344

[Institution Stamp]

Date :

To,

Sharekhan Ltd.

10th Floor, Beta Building, iThink Lodha Techno Campus,
Kanjur Marg - East, Mumbai - 400 042.**Sharekhan**

by BNP PARIBAS

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	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,

(10) 

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			

Client ID:	"Schedule A"						Scheme
	Scheme Chosen						
	Scheme A AMC 400	Scheme B AMC 500	Scheme C AMC 350	Scheme D One Time 2999	Scheme E IPO 100	Scheme F Plain DP	
Transaction type	Scheme A (TC100)	Scheme B (TC108)	Scheme C (TC119)	Scheme D (TC117)**	Scheme E (TC120)	Scheme F (TC101)	BSDA
Deposit	Trading Client Code / Trading Application No. {_____}						
	Nil	Nil	Nil	Rs. 2999 (refund of deposit Rs. 2000 on closure)	Nil	Nil	Nil
Account Opening	Nil (Stamp paper / KRA charges as applicable)						
Annual Maintenance Charges	Rs. 400 p.a* (DP Account, POA & Dig. Contract Notes Mandatory)	Rs.500 p.a (without POA & Dig. Contract Notes)	Rs. 350 p.a* (DP Account, POA & Dig.Contract Notes Mandatory)	Nil (DP Account, POA & Dig. Contract Notes Mandatory)	Rs. 100 p.a* (DP Account, POA & Dig. Contract Notes Mandatory)	Rs.500 p.a	Nil (Value of holding other than debt securities upto Rs. 50,000/Value of debt securities upto Rs.1,00,000) OR Rs. 100 p.a. (Value of holding other than debt securities from Rs. 50,001 to Rs. 200,000/ Value of debt securities from Rs.1,00,001 to Rs. 2,00,000)
Sales - Through Sharekhan	Nil	Nil	Rs. 6 Per transaction	Rs. 6 Per transaction	0.03% of the value of transaction. (Min.Rs.29)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.49)
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	N.A	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.
Sales - Not through Sharekhan/ Offmarket transfer/IDT	0.03% of the value of transact on. (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.49)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.49)
Client Master changes request	Nil	Nil	Nil	Nil	Nil	Nil	Rs. 30 per request
Dematerialisation	Rs.5 per certificate (Min. Rs.50 per request)						
Rematerialisation /Repurchase	Rs. 50 per certificate or Rs. 50 for every hundred securities (Per request whichever higher)						
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 (Advance which will be adjusted Against billing (Optional))						
*AMC Free for the first year **This Scheme is valid for 10 years from the date of execution and then would be converted to TC 100. # Applicable in Trading account. Refer to trading brokerage structure. 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.							
*OPTION FORM FOR ISSUE OF DIS BOOKLET Option 1 : I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us immediately on opening my/our NSDL account though I/we have issued a Power of Attorney (POA)/executed PMS agreement in favour of/with Sharekhan Ltd (name of the attorney/clearing Member/PMS Manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member/by PMS Manager. Option 2 : I/We do not require Delivery Instruction Slip (DIS) for the time being, since I/We have issued a POA/executed PMS agreement in favour of/with Sharekhan Ltd (name of the attorney/clearing Member/PMS Manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member/by PMS Manager. However the Delivery instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.							

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SHAREKHAN LIMITED

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

Sharekhan

by BNP PARIBAS

Date : ____ / ____ / ____

Acknowledgment Slip

Application No. _____

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 25753200 / 022 33054600 (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