

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGE

S. NO.	DOCUMENT	SIGNIFICANCE	PAGE(s)
1	Account Opening Form	KYC form - Document captures the basic information about the constituent and an instruction/check list for filling KYC form.	5-9
2	Rights and Obligations	Provided to the client (consent declaration on Page 9)	
3	Risk Disclosure Document (RDD)	Provided to the client (consent declaration on Page 9)	
4	Guidance Note	Provided to the client (consent declaration on Page 9)	
5	Policies and Procedures	Provided to the client (consent declaration on Page 9)	
6	Tariff Sheet	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) and charges related to demat account	11 & 21

MANDATORY DOCUMENTS FOR OPENING OF DEMAT ACCOUNT

S. NO.	DOCUMENT	SIGNIFICANCE	PG NO's
7	Application for Demat Account	Details are required for adhering to "Know Your Client" for opening a Demat Account	14-16
8	Rights and Obligations BO-DP	Provided to the client (consent declaration on Page 18)	
9	FATCA CRS Declaration	Client's self declaration on holding of overseas asset if any	17-18

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S. NO.	DOCUMENT	SIGNIFICANCE	PG NO's
10	DIS Issue	Option form for issue of Delivery Instruction Slip	19
11	Power of Attorney	Power of Attorney provided to broker to facilitate payin of securities and other authorizations	22-24
12	Letter of Authorization for Electronic Contract	Client consent letter for receiving the contract notes by Email.	12
13	Running Account Authorization	Letter of Authorization for maintaining a Running Account with RKS.	13
14	Declaration	Declaration related to Mobile/Email ID registration. NRI Declaration	20

REGISTERED OFFICE ADDRESS

RKS Securities India Private Limited
 807, New Delhi House, Barakhamba Road
 Connaught Place, New Delhi, 110 011
 Telephone: +91-22-6130-9999
 Fax: +91-22-6710-7492
 Email: contact@upstox.com, www.upstox.com

CEO / COMPLIANCE OFFICER (BSE/NSE/MCX)

Mr. Ravi Kumar
 Telephone: +91-22-6130-9999
 Email: compliance@upstox.com, www.upstox.com

COMPLIANCE OFFICER (DP)

Mr. Amit Lalan
 Telephone: +91-22-6130-9999
 Email: compliance@upstox.com, www.upstox.com

CLEARING MEMBER INFORMATION

RKS Securities India Pvt. Ltd
 ISSL Settlement & Transaction Services Limited: INF231133630, INF011133834, INE231308334
 CIN: U74900DL2009PTC189166

CORRESPONDENCE OFFICE ADDRESS

RKS Securities India Private Limited
 Salasar Business Park,
 Off 150 Feet Flyover Road,
 Bhayander West,
 Thane,
 Maharashtra 401101
 Telephone: +91-22-6130-9999
 Fax: +91-22-6710-7492
 Email: contact@upstox.com, www.upstox.com

SEBI REGISTRATION NUMBERS

SEBI Regn. No. NSE: INB/ INF/ INE 231394231
 SEBI Regn. No. BSE: INB/ INF 011394237
 Registration Date: July 23, 2010
 SEBI Regn. No. DP: IN-DP-118-2015 Registration Date: September 4, 2015



APPLICATION FORM FOR OPENING A DEMAT ACCOUNT

For entities other than Individuals

Registered Office: 807, New Delhi House, Barakhamba Road, Connaught Place, New Delhi, 110 011 Correspondence

Office: 30th Floor, Sunshine Tower, Senapati Bapat Marg, Dadar (W), Mumbai - 400 013 Telephone:

+91-22-6130-9999 | Fax: +91-22-6710-7492 | Email: contact@upstox.com, www.upstox.com

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

SEBI REGN. NO. IN-DP-118-2015

QUICK CHECKLIST

(A) IMPORTANT POINTS:

1. Self-attested copy of PAN card is mandatory for all clients, including Promoters / Partners / Karta / Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
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. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. 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.
10. 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.
11. Only relevant supporting are required to be submitted, any additional details / documents may be retained by the intermediary.

(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.
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, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

(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.)

1. Passport / Voters Identity Card / Ration Card / Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 2 months old.
3. Bank Account Statement / Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazette Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
6. 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.
7. For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and / or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

(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.

(E) LIST OF PEOPLE AUTHORIZED TO ATTEST THE DOCUMENTS:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy / Consulate General in the country where the client resides are permitted to attest the documents.

(F) In case of Non-Individuals, additional documents to be obtained from Non-individuals, over & above the POI & POA, as mentioned below:

TYPES OF ENTITY	DOCUMENTARY REQUIREMENTS
Corporate	<ul style="list-style-type: none"> - Copy of the balance sheets for the last 2 financial years (to be submitted every year). - 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). - Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. - Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. - Copies of the Memorandum and Articles of Association and certificate of incorporation. - Copy of the Board Resolution for investment in securities market. - Authorised signatories list with specimen signatures.
Partnership Firm	<ul style="list-style-type: none"> - Copy of the balance sheets for the last 2 financial years (to be submitted every year). - Certificate of registration (for registered partnership firms only). - Copy of partnership deed. - Authorised signatories list with specimen signatures. - Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> - Copy of the balance sheets for the last 2 financial years (to be submitted every year). - Certificate of registration (for registered trust only). - Copy of Trust deed. - List of trustees certified by managing trustees/CA. - Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> - PAN of HUF. - Deed of declaration of HUF/ List of coparceners. - Bank pass-book/bank statement in the name of HUF. - Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> - Proof of Existence/Constitution document. - Resolution of the managing body & Power of Attorney granted to transact business on its behalf. - Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> - Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. - Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> - Copy of SEBI registration certificate. - Authorized signatories list with specimen signatures.
Army/ Government Bodies	<ul style="list-style-type: none"> - Self-certification on letterhead. - Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> - Copy of Registration Certificate under Societies Registration Act. - List of Managing Committee members. - Committee resolution for persons authorised to act as authorised signatories with specimen signatures. - True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

DETAILS OF PROMOTERS/PARTNERS/KARTA/TRUSTEES AND WHOLE TIME DIRECTORS FORMING A
PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

NAME OF THE APPLICANT: _____

PAN CARD OF THE APPLICANT: _____

NAME OF THE APPLICANT: _____

SR NO	PAN	NAME	DIN (FOR DIRECTORS)/ AADHAR NUMBER (FOR OTHERS)	RESIDENTIAL/REGISTERED ADDRESS	RELATIONSHIP WITH THE APPLICANT (i.e promoters, Whole Time Directors, etc.)	PHOTOGRAPH
1.						
2.						
3.						
4.						
5.						
6.						

**CLIENT'S
SIGNATURE [2] X**

DATE (DD/MM/YYYY) _____



ANNEXURE – 2.2A

Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual]

NAME OF HOLDER: _____

PAN OF HOLDER: _____

Sr. No.	Name of the Authorized signatories /Promoters / Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc)	Please tick the relevant option.
1			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
2			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
3			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
4			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
5			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

PEP: Politically Exposed Person

RPEP: Related to politically Exposed Person

CLIENT'S SIGNATURE [3] <u>X</u>	DATE (DD/MM/YYYY) _____
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DECLARATION BY HUF FOR OPENING A TRADING AND/OR DEMAT ACCOUNT

TO RKSV Securities India Private Limited,
30th Floor, Sunshine Tower, Senapati Bapat Marg,
Dadar (W),
Mumbai - 400 013

Sir/Madam,

I hereby request you to open a Trading and/or Demat account with the name of HUF. Being Karta of my family, I hereby declare that the following are a list of family members in our HUF, as on date of this application.

SR NO.	NAME OF FAMILY MEMBER	SEX (M/F)	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				
4				
5				

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on the date of this application to open a new Trading and/or Demat account.

I agree that any false or misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death(s) or birth(s) in the family as it changes the constitution of the HUF.

Yours faithfully,

CLIENT'S SIGNATURE [4] <u>X</u>	DATE (DD/MM/YYYY) _____
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**INTERNET & WIRELESS TECHNOLOGY BASED TRADING FACILITY PROVIDED BY STOCK BROKERS TO CLIENT
(ALL THE CLAUSES MENTIONED IN THE 'RIGHTS AND OBLIGATIONS' DOCUMENT(S) SHALL BE APPLICABLE.
ADDITIONALLY, THE CLAUSES MENTIONED HEREIN SHALL ALSO BE APPLICABLE)**

1. Stock broker is eligible for providing Internet based trading (IBT) and securities trading through the use of wireless technology that shall include the use of devices such as mobile phone, laptop with data card, etc. which use Internet Protocol (IP). The stock broker shall comply with all requirements applicable to internet based trading/ securities trading using wireless technology as may be specified by SEBI & the Exchanges from time to time
2. The client is desirous of investing/ trading in securities and for this purpose, the client is desirous of using either the internet based trading facility or the facility for securities trading through use of wireless technology. The Stock broker shall provide the Stock broker's IBT Service to the Client, and the Client shall avail of the Stock broker's IBT Service, on and subject to SEBI/ Exchanges Provisions and the terms and conditions specified on the Stock broker's IBT Web Site provide that they are in line with the norms prescribed by Exchanges/ SEBI.
3. The stock broker shall bring to the notice of client the features, risks, responsibilities, obligations and liabilities associated with securities trading through wireless technology/ internet/ smart order routing or any other technology should be brought to the notice of the client by the stock broker.
4. The stock broker shall make the client aware that the Stock Broker's IBT system itself generates the initial password and its password policy as stipulated in line with norms prescribed by Exchanges/ SEBI.
5. The Client shall be responsible for keeping the Username and Password confidential and secure and shall be solely responsible for all orders entered and transactions done by any person whosoever through the Stock broker's System IBT using the Client's Username and/ or Password whether or not such person was authorized to do so. Also the client is aware that authentication technologies and strict security measures are required for the internet trading/securities trading through wireless technology through order routed system and undertakes to ensure that the password of the client and/ or his authorized representative are not revealed to any third party including employees and dealers of the stock broker.
6. The Client shall immediately notify the Stock broker in writing if he forgets his password, discovers security flaw in Stock Broker's IBT System, discovers/ suspects discrepancies/ unauthorized access through his username/ password/account with full details of such unauthorized use, the date, the manner and the transactions effected pursuant to such unauthorized use, etc..
7. The Client is fully aware of and understands the risks associated with availing of a service for routing orders over the internet/ securities trading through wireless technology and Client shall be fully liable and responsible for any and all acts done in the Client's Username/ password in any manner whatsoever.
8. The stock broker shall send the order/ trade confirmation through email to the client at his request. The client is aware that the order/ trade confirmation is also provided on the web portal. In case client is trading using wireless technology, the stock broker shall send the order/ trade confirmation on the device of the client
9. The client is aware that trading over the internet involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, etc. are susceptible to interruptions and dislocations. The Stock broker and the Exchange do not make any representation or warranty that the Stock broker's IBT Service will be available to the Client at all times without any interruption.
10. The Client shall not have any claim against the Exchange or the Stock broker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IBT System or Service or the Exchange's service or systems or non-execution of his orders due to any link/ system failure at the Client/ Stock brokers/ Exchange end for any reason beyond the control of the stock broker/ Exchanges.

CLIENT'S NAME	
CLIENT'S SIGNATURE [5] <input checked="" type="text"/>	DATE (DD/MM/YYYY) <input type="text"/>

AUTHORIZATION FOR ACCOUNT MODIFICATION

If I/we were to add/modify/remove any of my detail including brokerage plans with RKSV Securities India Pvt. Ltd, I/we authorize you to carry it out based on my request sent through an email to support@upstox.com from my registered email address or intimation through an interface provided by you, whereto I have been allowed secured access.

If you feel the need to do so, then at your own discretion, you may put in place appropriate mechanism to confirm the request before or after its execution by way of a call from a recorded line, or otherwise, personal meeting, SMS or other such other mode as you may deem fit

CLIENT'S NAME	
CLIENT'S SIGNATURE [6] <input checked="" type="text"/>	DATE (DD/MM/YYYY) <input type="text"/>

TRADING ACCOUNT RELATED DETAILS

SECTION A		PRIMARY BANKING ACCOUNT	
BANK NAME:		BRANCH ADDRESS:	
CITY/TOWN/VILLAGE:		PIN CODE <input style="width: 100px; border: 1px solid black; border-radius: 5px; text-align: center; height: 25px; margin-bottom: 5px;" type="text"/>	STATE: <input style="width: 100px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>
COUNTRY: <input style="width: 100px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>			
ACCOUNT NUMBER:		MICR NUMBER:	
ACCOUNT TYPE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> OTHER <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>		IFSC CODE <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
SECTION B		SECONDARY BANKING ACCOUNT	
BANK NAME:		BRANCH ADDRESS:	
CITY/TOWN/VILLAGE:		PIN CODE <input style="width: 100px; border: 1px solid black; border-radius: 5px; text-align: center; height: 25px; margin-bottom: 5px;" type="text"/>	STATE: <input style="width: 100px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>
COUNTRY: <input style="width: 100px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>			
ACCOUNT NUMBER:		MICR NUMBER:	
ACCOUNT TYPE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> OTHER <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>		IFSC CODE <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
SECTION C		PRIMARY DEPOSITORY ACCOUNT	
DEPOSITORY PARTICIPANT NAME:		DP TYPE (NSDL/CDSL): <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	DEPOSITORY PARTICIPANT ID: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>
BENEFICIARY NAME:		BENEFICIARY ID (BO ID): <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
SECTION D		SECONDARY DEPOSITORY ACCOUNT	
DEPOSITORY PARTICIPANT NAME:		DP TYPE (NSDL/CDSL): <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	DEPOSITORY PARTICIPANT ID: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>
BENEFICIARY NAME:		BENEFICIARY ID (BO ID): <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
SECTION E		TRADING PREFERENCES	
<p>Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client. If, in future, the client wants to trade on any new segment / new exchange, separate authorization/letter should be taken from the client by the stock broker.</p>			
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE CASH SEGMENT		CLIENT'S SIGNATURE [7A] <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE F&O SEGMENT		CLIENT'S SIGNATURE [7B] <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE BSE CASH SEGMENT		CLIENT'S SIGNATURE [7C] <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE CDS SEGMENT		CLIENT'S SIGNATURE [7D] <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE BSE CDS SEGMENT		CLIENT'S SIGNATURE [7E] <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	
DATE (DD/MM/YYYY) <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>			
SECTION F		PAST ACTIONS	
<p>Details of any action/ proceedings initiated/ pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/ constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years.</p>			
SECTION G		DEALINGS THROUGH SUB BROKERS AND OTHER STOCK BROKERS	
IF CLIENT IS DEALING THROUGH A SUB BROKER, PLEASE PROVIDE THE FOLLOWING DETAILS			
SUB BROKER NAME: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>		SEBI REGISTRATION NUMBER: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	WEBSITE: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>
REGISTERED OFFICE ADDRESS: <input style="width: 100%; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>			
STATE: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	COUNTRY: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	TEL: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>	FAX: <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 25px; margin-bottom: 5px;" type="text"/>

SECTION G**DEALINGS THROUGH OTHER MEMBERS**

IF CLIENT IS DEALING THROUGH ANY OTHER MEMBER, PLEASE PROVIDE THE FOLLOWING DETAILS (IN CASE DEALING WITH MULTIPLE MEMBERS, PROVIDE DETAILS OF ALL IN A SEPARATE SHEET CONTAINING ALL THE INFORMATION AS MENTIONED BELOW)

MEMBER/AUTHORIZED PERSON NAME:	EXCHANGE:	EXCHANGE REGISTRATION NUMBER:
CONCERNED MEMBER'S NAME WITH WHOM AP IS REGISTERED:		CLIENT CODE:
REGISTERED OFFICE ADDRESS:		CITY:
STATE:	COUNTRY:	TELEPHONE:
EMAIL ADDRESS:	DETAILS OF DISPUTES/DUES PENDING FROM/TO SUCH MEMBER/AP:	
WEBSITE:		

SECTION H**ADDITIONAL DETAILS**

CONTRACT NOTE PREFERENCES: <input checked="" type="radio"/> ELECTRONIC CONTRACT NOTE (ECN) <input type="radio"/> PHYSICAL CONTRACT NOTE	
EMAIL ADDRESS (Same as mentioned on Page 4):	
<input checked="" type="checkbox"/> I WISH TO AVAL THE FACILITY OF INTERNET TRADING / WIRELESS TECHNOLOGY	NUMBER OF YEARS OF INVESTMENT / TRADING EXPERIENCE
IN CASE OF NON-INDIVIDUALS, NAME, DESIGNATION, PAN, UID, SIGNATURE, RESIDENTIAL ADDRESS AND PHOTOGRAPHS OF PERSONS AUTHORIZED TO DEAL IN SECURITIES ON BEHALF OF COMPANY/FIRM/OTHERS	ANY OTHER INFORMATION

SECTION I	INTRODUCER DETAILS	(OPTIONAL)
NAME OF THE INTRODUCER	RELATIONSHIP WITH THE INTRODUCER	
INTRODUCER'S STATUS	<input type="radio"/> EXISTING CLIENT <input type="radio"/> AUTHORIZED PERSON <input type="radio"/> SUB-BROKER <input type="radio"/> REMISIER <input type="radio"/> OTHERS, PLEASE SPECIFY _____	
INTRODUCER'S ADDRESS		
INTRODUCER'S PHONE NUMBER	INTRODUCER'S CLIENT ID	INTRODUCER'S SIGNATURE

NOMINATION DETAILS FOR TRADING ACCOUNT AS PER PAGE 16.

CLIENT'S NAME	
CLIENT'S SIGNATURE [8] 	DATE (DD/MM/YYYY) 

ANNEXURE 2.3**INSTRUCTIONS TO THE APPLICANTS (BOs) FOR ACCOUNT OPENING**

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate/ Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first/ sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

CLIENT'S NAME:	PLACE:
CLIENT'S SIGNATURE [9] <input style="width: 100%;" type="text"/>	DATE (DD/MM/YYYY) <input style="width: 100%;" type="text"/>

FOR OFFICE USE ONLY		
CLIENT'S UCC CODE:		
VERIFICATION OF DOCUMENTS		
DOCUMENTS VERIFIED BY:	EMPLOYEE CODE:	EMPLOYEE DESIGNATION:
EMPLOYEE SIGNATURE		ON DATE (DD/MM/YYYY) <input style="width: 100%;" type="text"/>
CLIENT INTERVIEW		
CLIENT INTERVIEWED BY:	EMPLOYEE CODE:	EMPLOYEE DESIGNATION:
EMPLOYEE SIGNATURE:		ON DATE (DD/MM/YYYY) <input style="width: 100%;" type="text"/>
IN PERSON VERIFICATION (IPV)		
IPV PERFORMED BY:	EMPLOYEE CODE:	EMPLOYEE DESIGNATION:
EMPLOYEE SIGNATURE		ON DATE (DD/MM/YYYY) <input style="width: 100%;" type="text"/>
I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/ We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/ We have given/ sent him a copy of all the KYC documents. I/ We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/ We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/ our website, if any, for the information of the clients.		SEAL/STAMP OF THE INTERMEDIARY
EMPLOYEE SIGNATURE	DATE (DD/MM/YYYY) <input style="width: 100%;" type="text"/>	

TARIFF SHEET

TO: RKS Securities India Private Limited

Dear Sir or Madam,

I would like to subscribe to the RKS Securities India Pvt. Ltd for trading and demat account and request RKS Securities India Pvt. Ltd. to apply brokerage charges as mentioned and as per the terms and conditions of RKS Securities India Pvt. Ltd.

BROKERAGE CHARGE

Account opening charges would be Rs. 500/- plus plus applicable GST rates.

Brokerage for Equity delivery trades would be 10 paisa or Rs. 20 whichever is lower.

Brokerage for Equity intraday / Future / Currency would be Rs. 20 per order traded or 0.01% whichever is lower.

Brokerage for Option would be Rs. 20 per order traded.

For NRI's it would be Rs. 200 per order traded or 0.10% of turnover whichever is lower in BSE Cash Delivery and NSE Cash Delivery and Rs. 200 per order traded under F&O segment.

STATUTORY CHARGES

In addition to the above monthly subscription charges, the following statutory charges will also be levied at actuals:

Securities Transaction Tax, Transaction Charges, GST, Stamp Duty, Education and Higher Education Cess, SEBI Turnover Fees, Swachh Bharat Cess and Clearing Member Charges.

Electronic Contract Notes are free. Physical Contract note copies are charged at Rs. 50 per contract note (for ECN clients) + Courier charges as applicable. Depository Participant charges as levied by RKS. Terms and Conditions can be subject to change provided the same is done as for applicable guidelines of SEBI/exchange.

The terms and conditions of the RKS Securities India Pvt. Ltd. plans have been read and understood by me. I wish to avail the plans below provided by RKS Securities India Pvt. Ltd. for my trading account subject to the terms and conditions mentioned above.

I declare that I have read and understood the terms and conditions governing the RKS Securities India Pvt. Ltd.

Note: Brokerage is also charged on expired, exercised and assigned Futures and Options contracts.

Disclaimer: For Delivery based trades, a minimum of Rs. 0.01 will be charged per contract note.

Yours faithfully,

CLIENT'S NAME

CLIENT'S SIGNATURE

AND STAMP[10]

X

DATE (DD/MM/YYYY)

FOR OFFICE USE ONLY

CLIENT'S TRADING ACCOUNT NUMBER

LETTER FOR AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES

TO: RKS Securities India Private Limited,
30th Floor, Sunshine Tower, Senapati
Bapat Marg,
Dadar (W),
Mumbai - 400 013

SUB: Authorization for Electronic Contract Notes

I have been/shall be dealing through you as my broker on the Capital Market and/or Futures & Options and/or Currency Derivatives and/or Interest Rate Futures Segments. As my broker i.e. agent I direct and authorize you to carry out trading/dealings on my behalf as per instructions given below.

I understand that, I have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I hereby opt to receive contract notes in electronic form. I understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the electronic contract notes. Accordingly, please take the following email account /email id on your record for sending the contract notes to me:

EMAIL ADDRESS (As mentioned on Page 4): _____

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

I agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc.

I agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me and such dispatch shall be deemed to mean receipt by me and shall not be disputed by me on account of any non-receipt/delayed receipt for any reason whatsoever.

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

I understand that, you shall send physical copy of the contract note within 24 hours if you received a bounced email.

Yours faithfully,

CLIENT'S NAME	
CLIENT'S SIGNATURE AND STAMP[11]	<input type="text" value="X"/>
DATE (DD/MM/YYYY) <input type="text"/>	

AUTHORIZATION FOR RUNNING ACCOUNT

TO: RKSV Securities India Private Limited,
30th Floor, Sunshine Tower, Senapati
Bapat Marg,
Dadar (W),
Mumbai - 400 013

I am a registered client with you, and am dealing in Capital Market/ Derivative Market/ Currency Market segment(s), and have a RKSV Securities India Pvt. Ltd. client code as mentioned below.

I am aware that payout / dividend received / credited from the exchange(s) against settlement of transaction as per settlement cycle is available within 1 working day of the payout from the Exchange. It is difficult for me to make available the required funds on every pay-in of funds obligation / margin obligation, hence I request you to maintain my account on a running basis and retain the payout received / credit balance in my account for my future obligation / margin obligation or other liabilities unless I instruct otherwise.

I hereby further authorize you to debit / credit / transfer the amounts between the various segments either on the same Exchange and / or Exchanges to meet my/our obligation or various dues payable to you / Exchange(s).

If payment of funds is required, I shall request you in writing or through the web option for funds withdrawal on the web login. Further it may be noted that if required I may revoke this authorization at any time after giving request in writing.

This running account authorization would continue until it is revoked by me. The actual settlement of funds shall be done at least once in the preference period selected below:

QUARTERLY MONTHLY

While settling the account having outstanding obligations on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

I shall bring any dispute arising from the statement of account or settlement so made to your notice within 30 working days from the date of receipt of funds or statement, as the case may be. In case of non-receipt of any such communication the statement / settlement of running account shall be considered as final as agreed and accepted by me.

Yours faithfully,

CLIENT'S NAME	
CLIENT'S SIGNATURE AND STAMP[12]	<input type="text" value="X"/>
DATE (DD/MM/YYYY) <input type="text"/>	



ACCOUNT OPENING FORM FOR NON-INDIVIDUAL

TO BE FILLED BY THE DEPOSITORY PARTICIPANT

APPLICATION NUMBER:	DATE (DD/MM/YYYY)	<input type="text"/>
---------------------	-------------------	---

DP INTERNAL REFERENCE NUMBER:									
-------------------------------	--	--	--	--	--	--	--	--	--

DP ID	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 8 <input type="text"/> 1 <input type="text"/> 8 <input type="text"/> 0 <input type="text"/> 0	BO ID	<input type="text"/>
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TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)

STATUS									
<input type="checkbox"/> BODY CORPORATE	<input type="checkbox"/> BANKS	<input type="checkbox"/> TRUST	<input type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	<input type="checkbox"/> CM	<input type="checkbox"/> FI		
<input type="checkbox"/> CLEARING HOUSE	<input type="checkbox"/> OTHER (SPECIFY) _____								

SUB - STATUS (To be filled by the DP):									
--	--	--	--	--	--	--	--	--	--

DATE OF INCORPORATION (DD/MM/YYYY)	<input type="text"/>
------------------------------------	---

SEBI REGISTRATION NO.: (If applicable)	SEBI REGISTRATION DATE (DD/MM/YYYY)	<input type="text"/>
---	-------------------------------------	---

RBI REGISTRATION NO.: (If applicable)	RBI APPROVAL DATE (DD/MM/YYYY)	<input type="text"/>
--	--------------------------------	---

NATIONALITY	<input type="checkbox"/> INDIAN	<input type="checkbox"/> OTHER (SPECIFY) _____
-------------	---------------------------------	--

HOLDER DETAILS (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS)

I/We Request You To Open A Demat Account In my/our Name as per the following details:									
---	--	--	--	--	--	--	--	--	--

APPLICANT NAME:	PAN NO. (Compulsory)	<input type="text"/>
	UID/AADHAR NO.	<input type="text"/>

SOLE/FIRST AUTHORISED NAME:	PAN NO. (Compulsory)	<input type="text"/>
	UID/AADHAR NO.	<input type="text"/>

SECOND AUTHORISED NAME:	PAN NO. (Compulsory)	<input type="text"/>
	UID/AADHAR NO.	<input type="text"/>

THIRD AUTHORISED NAME:	PAN NO. (Compulsory)	<input type="text"/>
	UID/AADHAR NO.	<input type="text"/>

NAME*:									
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* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

CLEARING MEMBER DETAILS (TO BE FILLED BY CMs ONLY)

NAME OF STOCK EXCHANGE:	NAME OF CC/CH:
CLEARING MEMBER ID:	TRADING MEMBER ID:

I / We would like to instruct the DP to receive each and every credit in my/our account. (If not marked, the default option would be 'Yes')									
<input type="checkbox"/> YES	<input type="checkbox"/> NO								

I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')									
<input type="checkbox"/> YES	<input type="checkbox"/> NO								

Account Statement Requirement	<input type="checkbox"/> AS PER SEBI REGULATION	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> FORTNIGHTLY	<input type="checkbox"/> MONTHLY
-------------------------------	---	--------------------------------	---------------------------------	--------------------------------------	----------------------------------

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID									
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text"/> _____							

I / We would like to share the email ID with the RTA									
<input type="checkbox"/> YES	<input type="checkbox"/> NO								

I / We would like to receive the Annual Report (Tick the applicable box. If not marked, the default option would be in Physical)									
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> ELECTRONIC	<input type="checkbox"/> BOTH PHYSICAL AND ELECTRONIC							

I / We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]

YES NO

BANK DETAILS (DIVIDEND BANK DETAILS)

BANK CODE (9 DIGIT MICR CODE)	<input type="text"/>	IFSC CODE	<input type="text"/>
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ACCOUNT NUMBER:

ACCOUNT TYPE: SAVING CURRENT OTHERS (SPECIFY) _____

In case of NRI Account: NRE NRO

BANK NAME:	BRANCH NAME:
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BANK BRANCH ADDRESS:

CITY:	STATE:	COUNTRY:	PIN CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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1. Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
2. Photocopy of the Bank Statement having name and address of the BO
3. Photocopy of the Passbook having name and address of the BO, (or)
4. Letter from the Bank.
- In case of options 2, 3 and 4 above, MICR code of the branch should be present / mentioned on the document.

SMS ALERT FACILITY. Refer to Terms & Conditions given as **Annexure - 2.4**

MOBILE NO. +91

[Mandatory, if you are giving Power of Attorney (POA)]
(If POA is not granted & you do not wish to avail of this facility, cancel this option).

TRANSACTIONS USING SECURED TEXTING FACILITY (TRUST). Refer to terms and Conditions **Annexure - 2.6**

I/We wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same.

YES NO

I/We wish to register the following clearing member Ids under my / our below mentioned BO ID registered for TRUST

Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)

EASI

To register for Easi please visit our website www.cdsindia.com

Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

FIRST/SOLE HOLDER SIGNATURE AND STAMP [13]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

Re: Confirmation to receive the account opening document and welcome letter through email and digitally signed

With reference to my/our application for opening of a Demat account with you.

I / We wish to receive all documents related to account opening documents, welcome letter and CMR copy (digitally signed) on the registered email id provided. None of these would be physically sent unless requested for the same.

Thanking You,
Yours faithfully,

FIRST/SOLE HOLDER SIGNATURE [14]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

FATCA/CRS Annexure - Individuals (including sole-proprietors)

(Applicable for Resident and Non-Resident Customers)

Date _____

Place _____

AOF Reference Number _____

Details under FATCA / CRS

Please fill the information below as requested	FIRST ACCOUNT HOLDER	SECOND ACCOUNT HOLDER	THIRD ACCOUNT HOLDER
Name of the Account Holder			
Customer ID			
Residence Address for Tax purpose (including city, state, country and pin code)			
Address Type: 1- Residential or Business, 2- Residential, 3-Business, 4-Registered Office			
Mobile/ Telephone Number (incl ISD and STD code)			
Date of Birth (DD-MON-YYYY)			
City of Birth			
Country of Birth			
Nationality (if of more than one country, please mention all the countries separated by a comma)			
Gender (Male, Female, Others)			
PAN			
Father's Name (mandatory if PAN not provided)			
Aadhar Number (optional)			
Spouse's Name (optional)			
Identification Type- Documents submitted as proof of identity of the individual			
Identification Number - for the identification type mentioned above (mandatory if PAN or Aadhaar not provided)			
<p>Are you a tax resident of any country other than India?</p> <p>First Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Second Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Third Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below</p>			

ACCOUNT HOLDER DETAILS	NAME OF THE CUSTOMER	COUNTRY(IES) OF TAX RESIDENCY*	TAX IDENTIFICATION NUMBER (TIN)**	IDENTIFICATION TYPE (TIN or other, specify)**
First Holder				
Second Holder				
Third Holder				

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

** In case Tax Identification Number is not available, please provide functional equivalent

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

FIRST/SOLE HOLDER SIGNATURE [15]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

DATE (DD/MM/YYYY)

PLACE

FATCA/CRS Terms & Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account 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 RKSV Securities India Pvt Ltd or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA/CRS Instructions

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are a 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. In case the customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below

FATCA/CRS INDICIN OBSERVED (Ticked)	DOCUMENTATION REQUIRED FOR CURE OF FATCA/CRS INDICIN
U.S. place of birth	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. Non-US passport or any non-US government issues document evidencing nationality or citizenship (refer list below) AND Any one of the following documents: <ol style="list-style-type: none"> Certified Copy of Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or why the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. Documentary evidence (refer list below)
Telephone number in a country other than India (and no telephone number in India provided)	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India	<ol style="list-style-type: none"> Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity Card, etc.)

* Government or agency thereof or a municipality.

DP ID | 1 | 2 | 0 | 8 | 1 | 8 | 0 | 0 |

BO ID | | | | | | | | | |

TO: RKS Securities India Private Limited,
 30th Floor, Sunshine Tower, Senapati
 Bapat Marg,
 Dadar (W),
 Mumbai - 400 013

Dear Sir,

I/We hereby state that: (select one of the option given below)

OPTION 1

I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us immediately on opening my/our CDSL account though I/We have issued a Power of Attorney (POA) in favor of RKS Securities India Pvt. Ltd. for executing delivery instructions for settling stock exchange trades (Settlement related transactions) effected through such Clearing Member.

OR**OPTION 2**

I/We do not require Delivery Instruction Slip (DIS) for time being. Since I/We have issued a POA in favor of RKS Securities India Pvt. Ltd. for executing delivery instructions for settling stock exchange trades (Settlement related transactions) effected through such Clearing Member. However, the Delivery Instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.

I/We hereby select:

OPTION 1
 OPTION 2

FIRST/SOLE HOLDER SIGNATURE [16]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
X		

DATE (DD/MM/YYYY) | | | | | | | |

(Please Tear Here)

Acknowledgement Receipt**Application No.:**

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

Date:

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

For RKS Securities India Private Limited

(Please Tear Here)

OTHER DETAILS**GROSS ANNUAL INCOME DETAILS**

Up to Rs. 1,00,000 Rs. 1,00,000 - Rs. 5,00,000
 Rs. 5,00,000 - Rs. 10,00,000 Rs. 10,00,000 - Rs. 25,00,000
 25,00,000 - Rs. 1,00,00,000 More than Rs. 1,00,00,000

NET WORTH ON DATE (NOT OLDER THAN 1 YEAR)

VALUE _____

DATE (DD/MM/YYYY) _____

PLEASE TICK IF ANY OF THE AUTHORIZED SIGNATORIES / PROMOTERS / PARTNERS / KARTA / TRUSTEES / WHOLE TIME DIRECTORS IS EITHER:
(PLEASE PROVIDE DETAILS AS PER ANNEXURE 2.2A)

POLITICALLY EXPOSED (PEP) RELATED TO POLITICALLY EXPOSED PERSON (RPEP)

ANY OTHER INFORMATION:

FIRST/SOLE HOLDER SIGNATURE [17]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

Declaration	Please strike off whichever is not applicable
I hereby declare that the mobile no./email id mentioned in the Account opening form/ request for change in mobile no./email id is my own	Yes / no

FIRST/SOLE HOLDER SIGNATURE [18]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

[In case the option 'No' has been selected above, the request letter appended below is required to be submitted]

REQUEST LETTER FOR REGISTRATION OF MOBILE NO./EMAIL OF PERSON BELONGING TO THE CLIENT'S FAMILY

Please note that the mobile no./Email Address /both mentioned in the Account opening form/ request for change in mobile no./

Email belongs to Mr/Mrs./Ms. _____ who is my _____ (relationship with the client)

[*Refer to the instructions mentioned below]

FIRST/SOLE HOLDER SIGNATURE [19]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

* [Only the mobile no./email of your spouse, dependent children and dependent parents can be registered in your demat account]



RKS Securities India Private Limited

Registered Office: 807, New Delhi House, Barakhamba Road, Connaught Place, New Delhi, 110 011
Correspondence Office: 30th Floor, Sunshine Tower, Senapati Bapat Marg, Dadar (W), Mumbai - 400 013
Telephone: +91-22-6130-9999 | **Fax:** +91-22-6710-7492 | **Email:** contact@upstox.com, www.upstox.com

SCHEDULE A - TARIFF STRUCTURE (DP ID 12081800)

I/We agree to pay the charges as per following charge structure for our Demat account with RKS Securities Private Limited BO

ID DATE (DD/MM/YYYY)

CHARGE HEAD	CHARGES
Annual Maintenance Charges	<ul style="list-style-type: none"> - For non-individual: Rs. 1000/- plus GST. - For NRI: Rs. 500/- plus GST.
Transaction charges Market / Off Market / Interdepositary Transactions	<ul style="list-style-type: none"> - Rs. 13/- plus Rs. 5.50/- (CDSL charges) per scrip.
Pledge Charges Creation / Closure and Confirmation of both	<ul style="list-style-type: none"> - 0.02% of the transaction charges subject to a minimum of Rs. 50/- plus NSDL / CDSL charges at actual.
Pledge Charges for Invocation	<ul style="list-style-type: none"> - 0.05% of the transaction charges subject to a minimum of Rs. 50/-
Dematerialization Charges	<ul style="list-style-type: none"> - Rs 20.00 per certificate plus charges of Rs. 50/- per request.
Rematerialization Charges	<ul style="list-style-type: none"> - For every 100 shares Rs. 25/- part thereof, subject to maximum 5,00,000 or flat fee Rs. 25/- per certificate, whichever is higher.
SLB Charges	<ul style="list-style-type: none"> - For Securities Borrowings: Rs. 25/- plus NSDL / CDSL charges at actuals. – - For Securities Lending: Rs. 25/- plus NSDL / CDSL charges at actuals.
Repurchase / Redemption Charges	<ul style="list-style-type: none"> - Flat Rs. 25/- per transaction plus Depository charges at actuals.
Failed / Rejected Transactions	<ul style="list-style-type: none"> - Rs. 50/- per transaction.
Demat Rejection Charges	<ul style="list-style-type: none"> - Rs. 35/- per rejection for every 500 gms.
Adhoc / Non periodic statement requests	<ul style="list-style-type: none"> - Adhoc statement requests: - Rs. 25/- (Rs 500 for foreign address) per request upto 10 pages. Every additional 5 pages or a portion thereof will be charged at Rs. 10/- plus courier / postage charges.
E-Mail Statement	<ul style="list-style-type: none"> - Periodic Bills and Transactions statements and other communications will be sent by email only. Terms and Conditions for the same to be mandatorily executed. Requests for physical statements will be charged as mentioned above.
Cheque Bounce charges	<ul style="list-style-type: none"> - Charges will be applied based on charges as determined by our bankers.

NOTE: For all purposes the bill date shall be construed as the date of demand and the bills will be considered as the bill cum notice for payment and RKS Securities Pvt. Ltd. reserves the right to Freeze Depository account for debit transaction in case of non payment of charges after two days from the bill date.

Interest @ 18% p.a will be charged on the outstanding bill amount if not paid within the due date. The above tariff is subject to change. Changes if any be intimated 30 days in advance. GST, Education Cess and Higher Education Cess applicable on all above charges except stamp charges.

FIRST/SOLE HOLDER SIGNATURE [20]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

POWER OF ATTORNEY (VOLUNTARY)

KNOW ALL MEN BY THESE PRESENTS THAT I/WE Mr. / Mrs. / M/s (first holder) _____

(Second Holder) _____

(Third Holder) _____

an Individual/ a sole proprietary concern/ a partnership firm /a body Corporate/trust, registered/incorporated, under the provisions of the Indian Partnership Act, 1932/the companies Act 1956 or any relevant Act, having his/her/its residence/ registered office/place of business at _____

facilities and other services offered (hereinafter referred to as " Services"), by RKSV Securities India Private Limited (hereinafter referred to as"RKSV" - **also branded as "Upstox"**)company incorporated under the companies Act 1956 and having its Corporate office at "30th Floor, Sunshine Tower, Senapati Bapat Marg, Dadar (W), Mumbai - 400 013" and is a Member (Trading Member) of The National Stock Exchange of India Limited (NSE),Bombay Stock Exchange limited (BSE) and MCX Stock Exchange Limited (MCX-SX) Respectively (hereinafter referred to as "the Exchange") and is also a "Depository Participant" registered with Central Depository Services (India) Ltd (CDSL).

Whereas in the course of availing the services and for meeting the settlement Obligation thereof on the Exchanges, I/We do hereby nominate, Constitute and appoint M/s. RKSV Securities India Private Limited (Member Broker), Hereinafter referred to as "RKSV" acting through their Directors and/or duly authorised staff for the purpose, as my/our true and lawful attorneys for my depository account with RKSV Securities India Private Limited (Depository Participant) DP ID 12081800 Client ID _____ to execute and perform severally the following acts,deeds, matters and things, provided the attorney complies with all applicable conditions of all or any of their services offered by them in their capacity as stock Brokers.

1. To have and exercise the powers and /or authority, to do and/or execute the acts, deeds matters and things specified in agreements between RKSV and the Beneficial Owner as may be applicable in relation to the transactions executed by the client.
2. To operate depository account/(s)for the purpose of transferring any collateral to the margin account and honouring delivery obligations for any transaction executed with RKSV which is registered as a Depository Participant and a stock broker registered with Securities and Exchange Board of India(SEBI).
3. To Sign instruction on my behalf with respect to debit / credit the depository account/(s) for the credit or benefit of my/ our account with RKSV, for the transactions carried by me/us with RKSV.
4. To issue instructions relating, executing delivery/receipt instructions, pledge creation instructions, pledge closure instructions, lending and borrowing instructions, to operate the depository account by issue and receipt of instructions for the above mentioned purpose and such other authorization given by me/us severally on behalf of all of us, or all/ any of us jointly, in any electronic form, in any format and at any time either through the portal of RKSV or through the internet will be validly constituted attorney to intimate the same to the Depository participant for the purposes of debiting or crediting my account opened with the Depository Participant.
5. To validate on my/our behalf any such instruction so given to the Depository Participant(S), in written/physical or other form as may be required by the concerned depository participant.
6. For these purposes and to this extent, RKSV is empowered by me/us, to affix their signatures to any document, form or any other record, being a delivery participant, as required by the concerned depository.
7. I/We also undertake to pay such demat charges/fees and such other charges incurred by RKSV under this Power of Attorney and that I/We further authorize RKSV to debit my/our account with RKSV with the said charges as and when the same becomes due for payment and I/we hereby undertake to pay the same immediately on demand made by RKSV.
8. 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.

FIRST/SOLE HOLDER SIGNATURE [21]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

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 make payment to market participant with respect to the aforesaid products mentioned in point 9 above on my/our behalf to fulfill the transaction requested by me/us.
11. To enter into correspondence with market participant with respect to any transaction in any Investment Products.
12. To forward all such applications placed through the website to the online-IPO module of the concerned Exchange or owner / issuer of "Investment Product".
13. 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 / subscriptions / withdrawal or any other communications.
14. To authorize RKS 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. I confirm not to hold such mutual fund/asset management company / RKS liable for any transaction processed based on my/our request 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/us to RKS in this regard.
15. To deposit/ transfer on allotment, the securities, debentures, units of the mutual funds and/or all other investments products applied through RKS, on allotment, to my/our Beneficial Owner Demat Account opened for the purpose with the RKS-DP.
16. To do all other acts and things as may be necessary to affect the subscription/purchase / redemption or any other transaction in any investment Product for which services are availed from RKS.
17. To debit my Trading account towards monies/fees/charges etc. payable to RKS or to a market participant Service provider or to any of the affiliates/subsidiaries of RKS by virtue of I/We using /subscribing to any of the facilities/service provided either by RKS or through a third party service provider or by any other security or financial instrument on behalf of me/us through RKS or any market participant. To bind ourselves with respect to any instruction given by first holder or any other holder to RKS.
18. In case of any erroneous transfer done by attorney, the attorney may return the same to my account as soon it comes to their notice.
19. To send the consolidated summary of client wise scrip wise buy and sell position with average rates by email.
20. To authorize RKS to transfer the securities to any of the demat accounts of RKS as mentioned in **Annexure B**.
21. We the joint holders of demat account agree, ratify and confirm to bind ourselves to any instructions given by the client herein above mentioned who shall be the exclusive beneficiary of the transactions carried out pursuant to this Power of Attorney in favour of the Director/(S) and/or the Authorised Signatories, who have in token thereof, subscribed their signature thereto.

That the Power of Attorney herein referred to is revocable at any time without notice subject to such revocation shall not be applicable for any outstanding settlement obligation arising out of the trades carried out prior to receiving request for revocation of POA.

That, I/We hereby declare that all the actions taken by my/our above mentioned attorney (herein RKS) in this regards shall be deemed to be action done by me/us and if necessary shall be ratified by me/ us on the instruction of the said attorney and that such actions will be binding on me/us.

I/We agree that RKS is entitled to credit the proceeds of any instruction. This document shall be subject to the jurisdiction of the courts in Mumbai.

In witness whereof I/We have executed this revocable Power of Attorney on the day, date and year herein below mentioned.

FIRST/SOLE HOLDER SIGNATURE [22]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
X		

ANNEXURE B

PARTICULARS	DP ID	CLIENT ID
CDSL CLIENT BEN A/C		
CDSL MSEI POOL A/C		
CDSL BSE PRINCIPAL A/C	16014800	00283859
CDSL NSE POOL A/C	16014800	00282534
CDSL CLIENT MARGIN A/C	12081800	00011954
CDSL MSEI EARLY PAY-IN A/C		

PARTICULARS	DP ID	CLIENT ID
CDSL NSE EARLY PAY-IN A/C	11000011	00019441
CDSL BSE EARLY PAY-IN A/C	11000010	00022152
NSDL BSE POOL A/C		
NSDL MSEI POOL A/C		
NSDL NSE POOL A/C		
NSDL BEN A/C		

Dated at Mumbai on this _____ day of _____

SIGNED AND DELIVERED by the within names the Beneficial Owner

If HUF, Co-parceners have to sign below.

Co-parceners Name	Co-parceners Signatures	Co-parceners Name	Co-parceners Signatures

FIRST/SOLE HOLDER SIGNATURE [23]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

Witness 1
NAME:
ADDRESS:
SIGNATURE:

Witness 2
NAME:
ADDRESS:
SIGNATURE:

We Accept

SIGNED AND DELIVERED by the within named the Participant:

by the hand of its authorized representative:

RKSV Securities India Private Limited
30th Floor, Sunshine Tower,
Senapati Bapat Marg,
Dadar (W),
Mumbai-400013

For RKSV Securities India Private Limited

Authorised Signatory

ACKNOWLEDGEMENT LETTER

TO: RKS Securities India Private Limited
30th Floor, Sunshine Tower, Senapati
Bapat Marg,
Dadar (W),
Mumbai-400013

Dear Sir or Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. The RKS Securities Freedom Plan Tariff sheet.
6. General Terms and Conditions governing securities trading and broking services of RKS Securities India Pvt. Ltd.

I/We understand that the Voluntary documents executed by me/us are out of my/our own free will.

I state that I have read and understood all above documents and these documents are binding upon me.

Yours faithfully,

CLIENT'S NAME	
CLIENT'S SIGNATURE AND STAMP[24]	X
DATE (DD/MM/YYYY) <input type="text"/>	

TO: RKSV Securities India Private Limited
 30th Floor, Sunshine Tower, Senapati
 Bapat Marg,
 Dadar (W),
 Mumbai-400013

Dear Sir,

Sub: Authorisation to debit trading account for the demat account charges

Ref: DP ID:

CLIENT ID

I/We have opened/have a beneficiary a count with your CDSL depository along with a trading account for investment and trading purposes. It would be difficult or me/us to keep issuing separate cheques against your depository bills. I/We, therefore authorize you to debit the charges payable towards operation of the above account. I/We are aware of the charges for operating the said account. Any such sum debited to my trading account shall be binding on me/us.

Thanking you,
 Yours truly,

FIRST/SOLE HOLDER SIGNATURE [25]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
		

SAMPLE AUTHORITY LETTER IN FAVOUR OF A PARTNER(S)

(TO BE OBTAINED ON PRE PRINTED LETTER HEAD OF THE FIRM)

TO: RKS Securities India Private Limited
30th Floor, Sunshine Tower,
Senapati Bapat Marg,
Dadar (W),
Mumbai-400013

Dear Sir,

We the partners of M/s _____ a partnership firm, having its office at _____
hereby authorize Mr./Mrs./Ms. _____
_____ and Mr./Mrs./Ms. _____ Mr./Mrs./Ms. to open a securities trading
account in Capital Market segment, F&O Segment, Retail Debt Market Segment and Currency Derivatives segment on behalf of M/
s. _____ to open a securities trading account in Capital Market Segment and / or F&O
Segment on behalf of the Firm M/s. _____ with yourself for sale and purchase of shares/
debentures/derivative instruments or in any segment that may be introduced by NSE/BSE/MSEI in future. He/She/They is/are
authorized on behalf of the firm to deal in Equities, Derivatives, Debentures and the said Trading Members are hereby authorized to
honor all instructions oral or written, given on behalf of the firm by him/her/them.

Mr./Mrs./Ms. _____ and Mr./Mrs./Ms. _____ Mr./Mrs./
Ms. _____ is/are authorized to sell, purchase, transfer, endorse, negotiate documents
and/or/otherwise deal through yourself on behalf of the firm Ms. _____ He/She/They is/are
also authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings
and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We also recognize that a
beneficiary account cannot be opened with a Depository Participant in the name of the partnership firm as per depository
regulations. To facilitate the operation of the above trading account with you and for the purpose of completing the securities transfer
obligation, pursuant to the trading operations, we authorize you to recognize the Beneficiary Account Number

_____ with depositor having DP ID 12081800 opened as a joint account in the name of
partners of the firm. We agree that the obligations for shares purchased and/or sold by the firm will be handled and completed
through transfer to/from the above mentioned account. We recognized and accept transfer made by to the beneficiary account as
complete discharge of obligations by you in respect to trade executed in the above trading account of the firm

Yours Truly,

NAME: _____

ADDRESS: _____

FIRST/SOLE HOLDER SIGNATURE [26]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
 X		

(Signature of all the Partners with the rubber stamp required).

Know Your Client (KYC) Application Form (For Individuals Only)

Please fill type the form in English and BLOCK letters. **Sign all areas marked with 'x'.** Once completed, please mail the completed form along with the necessary proofs to our corporate office in Mumbai.

PLEASE AFFIX A
RECENT PASSPORT
PHOTOGRAPH AND
SIGN ACROSS IT

CLIENT'S SIGNATURE [27]

A. Identity Details (please see guidelines)

FULL NAME (As appearing in supporting identification document):

FATHER / SPOUSE'S NAME:

GENDER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	MARITAL STATUS	<input type="radio"/> SINGLE	<input type="radio"/> MARRIED	DATE OF BIRTH (dd/mm/yyyy)	<input type="text"/>
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NATIONALITY INDIAN OTHER (Please Specify)

STATUS RESIDENT INDIVIDUAL NON RESIDENT FOREIGN NATIONAL (Passport copy mandatory for NRIs & Foreign Nationals)

PAN (Please enclose a duly attested copy) AADHAAR NUMBER (if any)

PROOF OF IDENTITY SUBMITTED FOR PAN EXEMPT CASES (Please Tick ✓)

UID (AADHAAR) PASSPORT VOTER ID DRIVING LICENCE OTHERS _____ (Please see guideline 'D')

B. Address Details (Please see guidelines)

ADDRESS FOR RESIDENCE/CORRESPONDENCE:

CITY/TOWN/VILLAGE:

PIN CODE

STATE:

COUNTRY:

TEL (OFF):

TEL (RES):

MOBILE:

FAX:

EMAIL ADDRESS:

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT **ANY ONE** OF THE FOLLOWING VALID DOCUMENTS & **CHOOSE** THE DOCUMENT ATTACHED

PASSPORT RATION CARD REGISTERED LEASE/SALE AGREEMENT OF RESIDENCE DRIVING LICENCE VOTER IDENTITY CARD
 *LATEST BANK A/c STATEMENT/PASSBOOK *LATEST TELEPHONE BILL (Only landline) *LATEST ELECTRICITY BILL *LATEST GAS BILL
 OTHERS (Please Specify) _____

*Not more than 3 months old. Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

PERMANENT ADDRESS OF RESIDENT APPLICANT IF DIFFERENT FROM ABOVE B1 OR OVERSEAS ADDRESS (MANDATORY) FOR NON RESIDENT APPLICANT:

CITY/TOWN/VILLAGE:

PIN CODE

STATE:

COUNTRY:

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT **ANY ONE** OF THE FOLLOWING VALID DOCUMENTS & **CHOOSE** THE DOCUMENT ATTACHED

PASSPORT RATION CARD REGISTERED LEASE/SALE AGREEMENT OF RESIDENCE DRIVING LICENCE VOTER IDENTITY CARD
 *LATEST BANK A/c STATEMENT/PASSBOOK *LATEST TELEPHONE BILL (Only landline) *LATEST ELECTRICITY BILL *LATEST GAS BILL
 OTHERS (Please Specify) _____

*Not more than 3 months old. Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

ANY OTHER INFORMATION:

DECLARATION

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

CLIENT'S SIGNATURE [28] X

PLACE:

DATE (DD/MM/YYYY)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

IPV Done on (dd/mm/yyyy)

(Originals verified) True copies of documents received
 (Attested) True copies of documents received Main
 Intermediary

Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date

Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date