

MANDATORY DOCUMENTS

DOCUMENT	SIGNIFICANCE	PAGE(s)
Account Opening Form	a) KYC form - Document captures the basic information about the constituent and an instruction/check list. b) Document captures the additional information about the constituent relevant to trading account and an instruction/check list.	4-8
Rights and Obligations	Provided to client (consent declaration on Page - 8)	
Risk Disclosure Document (RDD)	Provided to client (consent declaration on Page - 8)	
Guidance Note	Provided to client (consent declaration on Page - 8)	
Policies and Procedures	Provided to client (consent declaration on Page - 8)	
Tariff Sheet	Details the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s)	9
Authorization for Electronic Contract Notes	Letter of Authorization for Electronic Contract Notes.	10
Authorization of running account / request letter	Letter or authority/request to RKSV Commodities India Pvt. Ltd.	11

REGISTERED OFFICE ADDRESS

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

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

CORRESPONDENCE OFFICE ADDRESS

RKSV Commodities India Private Limited
 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

FMC REGISTRATION NUMBERS

FMC Regn. No. MCX: MCX/TM/CORP/2034
 Registration Date: Feb 22, 2013
 Clearing Member: ISSL Settlement & Transaction Services Limited, MCX: MCX/CM/CORP/1083

QUICK CHECKLIST

To get your account opened faster, please make sure you're not committing any of the below common errors.

- Please affix a passport size photograph on page 4 and Page 16 and make sure you sign across it.
- Please sign all areas marked with an 'X'. There is a number next to each X, which is a count of the number of signatures - make sure you are following the count!
- Copies of all documents submitted should be self-attested.
- Cancelled cheque should link to your primary banking account - if the cheque is not personalised, i.e., name is not printed on the cheque, please attach latest Bank Statement to validate the same.
- Please ensure to fill the details in the form exactly as mentioned in the proof submitted.
- Email ID on Page 11 to be Handwritten only.

Look forward to receiving your completed form soon, and have you trading at Upstox!

ADDITIONAL DOCUMENTS IN CASE OF TRADING IN DERIVATIVES SEGMENTS - ILLUSTRATIVE LIST

In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

1. Copy of ITR Acknowledgement
2. Copy of Annual Accounts
3. In case of Salary Income – Salary Slip, Copy of Form 16
4. Net Worth Certificate
5. Copy of demat account holding statement.
6. Bank account statement for last 6 months
7. Self declaration with relevant supporting documents.
8. Any other relevant documents substantiating ownership of Assets.

COPY OF CANCELLED CHEQUE LEAF/ PASS BOOK/ BANK STATEMENT

Please ensure the document specifies the name of the constituent, MICR Code and/or IFSC code of the bank.

DEMAT MASTER OR RECENT HOLDING STATEMENT ISSUED BY DP BEARING NAME OF THE CLIENT

For individuals:

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

For non-individuals:

1. Form needs to be initialized by all the authorized signatory.
2. Copy of Board Resolution as declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

KYC REGISTRATION AGENCY (KRA)

If you have already processed your identity using a KYC system with any broker, depository participant, or other registered intermediary in India, you are exempt from the following:

1. Providing us with a Proof of Identity.
2. Providing us with a Proof of Address.
3. Ensure that your address and identity details that was registered by the intermediary is up to date. If you feel that it may be incorrect, or you have updated your address in the last 12 months, please provide the above proofs to ensure that your account is opened on time.
4. You can check if you are in the KRA system by visiting <http://www.cvlkra.com/kycpaninquiry.aspx> and entering your PAN card.

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

(A) IMPORTANT POINTS

1. Self attested copy of PAN card is mandatory for all clients.
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/PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

(B) PROOF OF IDENTITY(POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
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 Bank.

(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 3 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/Gazetted 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 FI/sub account, Power of Attorney given by FM/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.

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.

Sign across it

PLEASE AFFIX A
RECENT PASSPORT
PHOTOGRAPH AND
SIGN ACROSS IT

CLIENT'S SIGNATURE [1]

Application No.:

A. Identity Details (please see guidelines)

FULL NAME (As appearing in supporting identification document): Name as per Pan card	
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) As Per Pan card	
NATIONALITY <input type="radio"/> INDIAN <input type="radio"/> OTHER (Please Specify)	
STATUS <input type="radio"/> RESIDENT INDIVIDUAL <input type="radio"/> NON RESIDENT <input type="radio"/> 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 <input type="radio"/> UID (AADHAAR) <input type="radio"/> PASSPORT <input type="radio"/> VOTER ID <input type="radio"/> DRIVING LICENCE <input type="radio"/> OTHERS _____ (Please see guideline 'D')	

B. Address Details (Please see guidelines)

ADDRESS FOR RESIDENCE/CORRESPONDENCE:	
Same as per Address proof (If different from permanent address proof required)	
CITY/TOWN/VILLAGE:	PIN CODE Mandatory
STATE: _____	
COUNTRY: _____	
TEL (OFF):	TEL (RES):
MOBILE: Mandatory	FAX:
EMAIL ADDRESS: Mandatory	
PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING VALID DOCUMENTS & CHOOSE THE DOCUMENT ATTACHED <input type="radio"/> PASSPORT <input type="radio"/> RATION CARD <input type="radio"/> REGISTERED LEASE/SALE AGREEMENT OF RESIDENCE <input type="radio"/> DRIVING LICENCE <input type="radio"/> VOTER IDENTITY CARD <input type="radio"/> *LATEST BANK A/c STATEMENT/PASSBOOK <input type="radio"/> *LATEST TELEPHONE BILL (Only landline) <input type="radio"/> *LATEST ELECTRICITY BILL <input type="radio"/> *LATEST GAS BILL <input type="radio"/> 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:	
Same as Address proof	
CITY/TOWN/VILLAGE:	PIN CODE Mandatory
STATE: _____	
COUNTRY: _____	
PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING VALID DOCUMENTS & CHOOSE THE DOCUMENT ATTACHED <input type="radio"/> PASSPORT <input type="radio"/> RATION CARD <input type="radio"/> REGISTERED LEASE/SALE AGREEMENT OF RESIDENCE <input type="radio"/> DRIVING LICENCE <input type="radio"/> VOTER IDENTITY CARD <input type="radio"/> *LATEST BANK A/c STATEMENT/PASSBOOK <input type="radio"/> *LATEST TELEPHONE BILL (Only landline) <input type="radio"/> *LATEST ELECTRICITY BILL <input type="radio"/> *LATEST GAS BILL <input type="radio"/> 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.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CLIENT'S SIGNATURE [2] <input checked="" type="checkbox"/> Signature as per PAN card </div>	PLACE:
	DATE (DD/MM/YYYY)

FOR OFFICE USE ONLY	IPV Done <input type="checkbox"/> on (dd/mm/yyyy)
AMC/Intermediary name OR code	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date</p> </div> <div style="width: 45%;"> <p style="font-size: small;">Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date</p> </div> </div>
<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Attested) True copies of documents received Main Intermediary	

TRADING ACCOUNT RELATED DETAILS

SECTION A



PRIMARY BANKING ACCOUNT

BANK NAME As per Bank proof	BRANCH ADDRESS As per Bank proof
CITY/TOWN/VILLAGE	PIN CODE Mandatory
	STATE
	COUNTRY
ACCOUNT NO. As per Bank proof	IFSC CODE As per Bank proof
ACCOUNT TYPE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRI / NRE / NRO <input type="radio"/> OTHERS (Please Specify) _____	

SECTION B

SECONDARY BANKING ACCOUNT

(OPTIONAL)

BANK NAME	BRANCH ADDRESS
CITY/TOWN/VILLAGE	PIN CODE
	STATE
	COUNTRY
ACCOUNT NO.	IFSC CODE
MICR NUMBER	
ACCOUNT TYPE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRI / NRE / NRO <input type="radio"/> OTHERS (Please Specify) _____	

SECTION C

PRIMARY DEPOSITORY ACCOUNT

(OPTIONAL)

DEPOSITORY PARTICIPANT NAME	DP TYPE (NSDL/CDSL)	DEPOSITORY PARTICIPANT ID
BENEFICIARY NAME		BENEFICIARY ID (BO ID)

SECTION D

OTHER DETAILS

GROSS ANNUAL INCOME RANGE <input type="radio"/> BELOW 1 LAC <input type="radio"/> 1 - 5 LAC <input type="radio"/> 5 - 10 LAC <input type="radio"/> 10 - 25 LAC <input type="radio"/> OVER 25 LAC	OR	NET WORTH ON DATE (NOT OLDER THAN 1 YEAR) VALUE _____ DATE (DD/MM/YYYY)
FOR NON INDIVIDUALS: <input type="radio"/> 25 LAC - 1 CRORE <input type="radio"/> OVER 1 CRORE		
AFFILIATIONS: <input type="checkbox"/> POLITICALLY EXPOSED PERSON (PEP) <input type="checkbox"/> RELATED TO A POLITICALLY EXPOSED PERSON (RPEP)		
OCCUPATION:		
<input type="radio"/> PRIVATE SECTOR SERVICE <input type="radio"/> PUBLIC SECTOR <input type="radio"/> PROFESSIONAL <input type="radio"/> HOUSEWIFE <input type="radio"/> STUDENT <input type="radio"/> GOVERNMENT SERVICE <input type="radio"/> AGRICULTURIST <input type="radio"/> BUSINESS <input type="radio"/> RETIRED <input type="radio"/> OTHER _____		

ANY OTHER INFORMATION

SECTION E

TRADING PREFERENCES

<input type="checkbox"/> I WOULD LIKE TO TRADE ON MCX COMMODITIES	<div style="background-color: yellow; padding: 2px; display: inline-block;">CLIENT'S SIGNATURE [3]</div> <input checked="" type="checkbox"/> Signature as per PAN card
DATE (DD/MM/YYYY)	

SECTION F

PAST ACTIONS

Details of any action/ proceedings initiated/ pending/ taken by SEBI/ Stock exchange/ FMC/ 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.

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:

FAX:

EMAIL ID (As mentioned on Page 4):

DETAILS OF DISPUTES/DUES PENDING FROM/TO SUCH MEMBER/AP:

WEBSITE:

SECTION H

VAT DETAILS (AS APPLICABLE, STATE WISE)

LOCAL SALES TAX REGISTRATION NUMBER:

VALIDITY DATE (DD/MM/YYYY)

NAME OF THE STATE:

OTHER SALES TAX REGISTRATION NUMBER:

VALIDITY DATE (DD/MM/YYYY)

NAME OF THE STATE:

SECTION I

SALES TAX REGISTRATION DETAILS

LOCAL SALES TAX REGISTRATION NUMBER:

VALIDITY DATE (DD/MM/YYYY)

NAME OF THE STATE:

CENTRAL SALES TAX REGISTRATION NUMBER:

VALIDITY DATE (DD/MM/YYYY)

OTHER SALES TAX REGISTRATION NUMBER:

VALIDITY DATE (DD/MM/YYYY)

NAME OF THE STATE:

SECTION J

INVESTMENT/TRADING EXPERIENCE AND ADDITIONAL DETAILS

 NO PRIOR EXPERIENCE IN TRADING / INVESTMENT

NUMBER OF YEARS OF COMMODITIES EXPERIENCE:

YEARS OF EXPERIENCE IN OTHER INVESTMENT FIELDS:

CONTRACT NOTE PREFERENCES

 ELECTRONIC CONTRACT NOTE (ECN) PHYSICAL CONTRACT NOTE

EMAIL ADDRESS:

SECTION K

INTRODUCER DETAILS

(OPTIONAL)

INTRODUCER'S NAME:

INTRODUCER'S RELATIONSHIP:

 INTRODUCER'S STATUS: EXISTING CLIENT AUTHORIZED PERSON SUB-BROKER REMISIER

 OTHERS, PLEASE SPECIFY _____

INTRODUCER'S ADDRESS:

INTRODUCER'S PHONE NUMBER:

INTRODUCER'S CLIENT ID:

INTRODUCER'S SIGNATURE

PLEASE SIGN BELOW ATTESTING TO ALL THE INFORMATION ON THIS PAGE

CLIENT'S NAME:

CLIENT'S SIGNATURE [4] Signature as per PAN card

DATE (DD/MM/YYYY)

SECTION L

NOMINATION DETAILS (FOR INDIVIDUALS ONLY)

I WISH TO NOMINATE THE FOLLOWING PERSON I DO NOT WISH TO HAVE A NOMINEE

NOMINEE'S NAME:

RELATIONSHIP WITH THE NOMINEE:

NOMINEE'S
ADDRESS:

NOMINEE'S PHONE NUMBER:

NOMINEE'S PAN CARD NUMBER

NOMINEE'S DATE OF BIRTH (DD/MM/YYYY)

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IF NOMINEE IS A MINOR, PLEASE PROVIDE DETAILS OF HIS/HER GUARDIAN

GUARDIAN'S NAME:

GUARDIAN'S ADDRESS:

GUARDIAN'S PHONE NUMBER:

GUARDIAN'S SIGNATURE:

TWO WITNESSES ARE REQUIRED TO ATTEST IF YOU WANT TO NOMINATE A PERSON

PRIMARY WITNESS' NAME:

PRIMARY WITNESS' ADDRESS:

PRIMARY WITNESS' PHONE NUMBER:

PRIMARY WITNESS' SIGNATURE:

SECONDARY WITNESS' NAME:

SECONDARY WITNESS' ADDRESS:

SECONDARY WITNESS' PHONE NUMBER:

SECONDARY WITNESS' SIGNATURE:

PLEASE SIGN BELOW ATTESTING TO ALL THE INFORMATION ON THIS PAGE

CLIENT'S NAME:

CLIENT'S**SIGNATURE [5]**

Signature as per PAN card

DATE (DD/MM/YYYY)

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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 tariff sheet and all voluntary/non mandatory documents
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Dos & Donts' 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 member's designated website, if any.

CLIENT'S NAME

PLACE

CLIENT'S

SIGNATURE [6]



Signature as per PAN card

DATE (DD/MM/YYYY)

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FOR OFFICE USE ONLY

CLIENT'S UCC CODE

DOCUMENTS VERIFIED WITH ORIGINALS

DOCUMENTS VERIFIED BY:

EMPLOYEE CODE:

EMPLOYEE DESIGNATION:

EMPLOYEE SIGNATURE:

ON DATE (DD/MM/YYYY)

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CLIENT INTERVIEW

CLIENT INTERVIEWED BY:

EMPLOYEE CODE:

EMPLOYEE DESIGNATION:

EMPLOYEE SIGNATURE:

ON DATE (DD/MM/YYYY)

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IN PERSON VERIFICATION (IPV)

IPV PERFORMED BY:

EMPLOYEE CODE:

EMPLOYEE DESIGNATION:

EMPLOYEE SIGNATURE:

ON DATE (DD/MM/YYYY)

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I / We undertake that we have made the client aware of tariff sheet and all the non-mandatory documents. I/ We have also made the client aware of 'Rights and Obligations' document (s), RDD, Dos & Donts and Guidance Note. I/ We have given/ sent him a copy of all the KYC documents. I/ We undertake that any change in the 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)

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TARIFF SHEET

TO: RKSV Commodities India Private Limited

Dear Sir or Madam,

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

BROKERAGE CHARGE

Brokerage charge for MCX Commodities at Rs. 20 per order traded or 0.01% whichever is lower.

STATUTORY CHARGES

In addition to the above monthly subscription charges, the following statutory charges will also be levied at actuals: Commodities Transaction Tax, Transaction Charges, Service Tax, 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 RKSV. 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 RKSV Commodities India Pvt. Ltd. plans have been read and understood by me. I wish to avail the plans below provided by RKSV Commodities 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 RKSV Commodities India Pvt. Ltd.

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

Yours faithfully,

CLIENT'S NAME											
CLIENT'S SIGNATURE [7] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

FOR OFFICE USE ONLY

CLIENT'S TRADING ACCOUNT NUMBER

AUTHORIZATION FOR RUNNING ACCOUNT

TO: RKSV Commodities 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 Commodity Market, and have a RKSV Commodities India Pvt. Ltd. client code as mentioned below.

I am aware that payout / credited from the exchange(s) against settlement of transaction as per settlement cycle is available within the prescribed time 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.

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 6 months.

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 7 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 [8] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

AUTHORIZATION FOR ACCOUNT MODIFICATION

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

If I/we were to add/modify/remove any of my detail including brokerage plans with RKSV Commodities 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, where to 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 [9] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

ELECTRONIC CONTRACT NOTES (ECN) - DECLARATION

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

Dear Sir,

I, _____ as a client of RKSV Commodities India Pvt. Ltd., a member of MCX, as my broker undertake as follows:

1. I am aware that the Member has to provide physical contract note in respect to all the trades placed by me unless I myself want the same in the electronic form.
2. I am aware that the Member has to provide electronic contract note for my convenience on my request only.
3. Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
4. I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
5. My email id is mentioned below. This has been created by me and not by someone else.
6. I am aware that this declaration form should be in English or in any other Indian language known to me.
7. I am aware that non-receipt of bounced email notification by the member shall amount to delivery of contact note at the below Email ID.

EMAIL ADDRESS (Needs to be handwritten only): _____
(AS MENTIONED ON PAGE 4)

The above declaration has been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same

Yours Faithfully,

CLIENT'S NAME:	
ADDRESS:	
PAN CARD NUMBER <input type="text"/>	PLACE:
CLIENT'S SIGNATURE [10] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <input type="text"/>

FOR OFFICE USE ONLY	
Verification of the Client Signature done by:	
DESIGNATED OFFICER SIGNATURE	DATE (DD/MM/YYYY) <input type="text"/>
DESIGNATED OFFICER NAME:	CLIENT'S UNIQUE CLIENT CODE:

ACKNOWLEDGEMENT LETTER

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

Dear Sir or Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Members, Authorised Persons and Clients
2. Risk Disclosure Document
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors
4. General Terms and Conditions governing commodities trading and broking services of RKSV Commodities India Pvt. Ltd.

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

I/We hereby confirm that I/We have clearly understood and agree to abide by the Terms and Conditions described by RKSV Commodities India Pvt. Ltd (RKSV). I/We also understand that these Terms and Conditions can be changed by RKSV from time to time with prior notice of 7 days and subject to posting of the amendments and modifications therein on its website and their applicability with prospective effect.

I/We state that I have read and understood all above documents including the Terms and Conditions governing commodities trading and broking services of RKSV Commodities India Pvt. Ltd. and agree to abide by the same.

Yours faithfully,

CLIENT'S NAME	
CLIENT'S SIGNATURE [11] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <input type="text"/>

DISCLOSURE INFORMATION

Dear Sir or Madam,

This is to inform you as per Rules, Regulations and Bye-laws of Multi Commodity Exchange of India Ltd. (MCX) that we do Client based trading and Proprietary trading and we are not indulged in portfolio management services.

Regards,

RKSV Commodities India Pvt. Ltd.

I/We acknowledge receipt of information given above by RKSV Commodities India Pvt. Limited that they do Client based trading and Proprietary trading and they are not indulged in portfolio management services.

CLIENT'S NAME	
CLIENT'S SIGNATURE [12] <input checked="" type="checkbox"/> Signature as per PAN card	DATE (DD/MM/YYYY) <input type="text"/>

CLIENT REFERRAL PROGRAM

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

SUB: Request for appointment as a Client Referrer

Dear Sir or Madam,

I wish to register with you as a client referrer using my registered client code. I intend to introduce other people to you as a client so they can avail your services.

In this regards, I declare as under:

1. I am not a Broker on any Stock Exchange or Member of any Commodity Exchange.
2. I am not an employee of any Stock Broker or Member.
3. I am not a Sub Broker, Remisier and/or Authorised Person of any Stock Broker or Member.
4. There has not been any action initiated or taken against me by FMC / SEBI or any regulatory authority.
5. I will not refer any immediate family members such as parents, siblings, spouse or children.
6. I undertake to inform you immediately in case there is any incident that results in a change in my declaration.

Should I violate any of the above specified terms, I understand that my account and/or some/all of my clients' accounts may be suspended and/or terminated.

I understand that after referring any individual to RKSV, I will email RKSV at support@upstox.com with my name, and the Individual's Name and Date of Birth from my registered email address with RKSV.

I will also fill out the Introducer Details section of the Trading Application Form with my details to confirm that I am the referrer for the new client.

In light of any change to regulatory, exchange, or broker policy, I understand that the referral arrangement is subject to modification at the discretion of the management of the company.

Yours faithfully,

CLIENT'S NAME											
<div style="display: flex; align-items: center;"> <div style="background-color: #ffff00; padding: 2px 5px; font-weight: bold; margin-right: 5px;">CLIENT'S SIGNATURE [13]</div> <div style="border-bottom: 1px solid black; flex-grow: 1; margin-left: 5px;"></div> <div style="margin-left: 5px;"> <input checked="" type="checkbox"/> Signature as per PAN card </div> </div>	DATE (DD/MM/YYYY) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
CLIENT ID (LEAVE BLANK IF NEW CUSTOMER)											

If you have any friends who are interested in RKSV, please leave their details below and we will reach out to them. They will be credited to you as the introducing referror.

NAME	PHONE NUMBER	EMAIL ADDRESS

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

(Applicable for Resident and Non-Resident Customers)

Date _____

Place _____

AOF Reference Number _____

Details under FATCA / CRS

<i>Please fill the information below as requested</i>	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)			

Are you a tax resident of any country other than India?

First Account Holder Yes No Second Account Holder Yes No
Third Account Holder Yes No

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

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 [14]	SECOND HOLDER SIGNATURE	THIRD HOLDER SIGNATURE
<input checked="" type="checkbox"/> Signature as per Pancard		

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	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. 2. Non-US passport or any non-US government issues document evidencing nationality or citizenship (refer list below) AND 3. Any one of the following documents: a. Certified Copy of Certificate of Loss of Nationality or b. 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	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. 2. Documentary evidence (refer list below)
Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America not a resident for tax purposes. 2. 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.

<input type="checkbox"/> Z-Others (any document notified by the central government)	<input type="text"/>
Identification Number	<input type="text"/>
<input type="checkbox"/> S-Simplified Measures Account - Document Type code	<input type="text"/>
Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

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

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Driving Licence Passport UID (Aadhaar)

Voter Identity Card NREGA Job Card Others (Please specify) _____

Simplified Measures Account - Document Type code

Address **As per Address proof selected above**

City / Town / Village*	District*
Pin / Post Code* As per Proof provided	State / U.T Code* <input type="text"/>
ISO 3166 Country Code* <input type="text"/>	

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please refer instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1')

Address **If different from above mentioned Address (Proof required)**

City / Town / Village*	District*
Pin / Post Code* <input type="text"/>	State / U.T Code* <input type="text"/>
ISO 3166 Country Code* <input type="text"/>	

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

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

Address

City / Town / Village*	District*
Pin / Post Code* <input type="text"/>	State / U.T Code* <input type="text"/>
ISO 3166 Country Code* <input type="text"/>	

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

Tel. (Off) <input type="text"/> - <input type="text"/>	Tel. (Res) <input type="text"/> - <input type="text"/>
FAX <input type="text"/> - <input type="text"/>	Mobile <input type="text"/> - As per page no. 4 <input type="text"/>

Email ID **As per page no. 4**

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill Annexure B1') (Please refer instruction G at the end)

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name*	Prefix	First Name	Middle Name	Last Name
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(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

(Please see instruction (H) at the end)

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

7. REMARKS (If any)

8. APPLICANT DECLARATION

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

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

CLIENT'S SIGNATURE [16] Signature as per PAN card

PLACE:

DATE (DD/MM/YYYY)

FOR OFFICE USE ONLY

Documents Received Certified copies

KYC VERIFICATION CARRIED OUT BY

Emp. Name:	Emp. Code:	Emp. Designation:
Emp. Branch:	Employee Signature	
DATE (DD/MM/YYYY)	<input type="text"/>	

INSTITUTION DETAILS

Emp. Name:	Institution Stamp
Emp. Code:	

General Instructions:

- Fields marked with '*' are mandatory fields
- Tick '✓' wherever applicable.
- Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 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.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (M /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. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	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.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		