

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.	5-10
2	Rights and Obligations	Provided to the client (consent declaration on Page 10)	
3	Risk Disclosure Document (RDD)	Provided to the client (consent declaration on Page 10)	
4	Guidance Note	Provided to the client (consent declaration on Page 10)	
5	Policies and Procedures	Provided to the client (consent declaration on Page 10)	
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 & 19

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	14-15
8	Rights and Obligations BO-DP	Provided to the client (concent declaration on Page 17)	

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

S. NO.	DOCUMENT	SIGNIFICANCE	PG NO's
9	DIS Issue	Option form for issue of Delivery Instruction Slip	16
10	Power of Attorney	Power of Attorney provided to broker to facilitate payin of securities and other authorizations	20-22
11	Letter of Authorization for Electronic Contract	Client consent letter for receiving the contract notes by Email.	12
12	Running Account Authorization	Letter of Authorization for maintaining a Running Account with RKS.	13
13	Declaration	Declaration related to Mobile/Email ID registration. NRI Declaration	18

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 (BSE/NSE)

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

COMPLIANCE OFFICER (BSE/NSE)

Mr. Amit Lalan
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

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/ BSE : INZ000185137
Registration Date: July 23, 2010
SEBI Regn. No. DP: IN-DP-118-2015
Registration Date: September 4, 2015

CLEARING MEMBER INFORMATION

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

For any grievance/ dispute please contact RKS Securities India Pvt. Ltd. at the above address and/ or email id: complaints@upstox.com and/ or Phone No. +91-22-6130-9999. In case you are not satisfied with the response, please contact the concerned exchange(s) at National Stock Exchange of India Limited at [gnse@nseindia.com and Phone No. 1800-220-058] and Bombay Stock Exchange Limited at [is@bseindia.com and Phone No. +91-22-2272-1234/33, Fax No. +91-22-2272-3677].



APPLICATION FORM FOR OPENING A TRADING 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.

Know Your Client (KYC) Application Form (For Non - 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.

Application No.:

A. Identity Details (please see guidelines)

FULL NAME (Please write complete name as per Certificate of Incorporation/Registration. Leave space between words. Please do not abbreviate the Name):

Name as per HUF Pan card

DATE OF INCORPORATION (dd/mm/yyyy):	As per Pan		PLACE OF INCORPORATION:
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REGISTRATION NO. (e.g. CIN):			DATE OF COMMENCEMENT OF BUSINESS	As per Pan card
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STATUS (Please Tick ✓) PRIVATE LTD. CO PUBLIC LTD. CO BODY CORPORATE PARTNERSHIP TRUST / CHARITIES / NGOS HUF
 FI FII FPI CATEGORY I FPI CATEGORY II FPI CATEGORY III BANK GOVERNMENT BODY NON GOVERNMENT ORGANISATION
 DEFENCE ESTABLISHMENT BODY OF INDIVIDUALS SOCIETY LLP AOP OTHERS (Please specify) _____

PERMANENT ACCOUNT NUMBER (PAN) _____ (Please enclose a duly attested copy of your PAN Card)

B. Address Details (Please see guidelines overleaf)

ADDRESS FOR CORRESPONDENCE:



Same as per Address proof

CITY/TOWN/VILLAGE:	PIN CODE	Mandatory	STATE:
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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 & **TICK** (✓) AGAINST THE DOCUMENT ATTACHED
 *LATEST TELEPHONE BILL (Only landline) *LATEST ELECTRICITY BILL *LATEST BANK ACCOUNT STATEMENT REGISTERED LEASE / SALE
 AGREEMENT OF OFFICE PREMISES ANY OTHER PROOF OF ADDRESS DOCUMENT (One as listed overleaf) _____

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

REGISTERED ADDRESS (If different from above)



Same as per Address proof

CITY/TOWN/VILLAGE:	PIN CODE	Mandatory	STATE:
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COUNTRY:

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT **ANY ONE** OF THE FOLLOWING VALID DOCUMENTS & **TICK** AGAINST THE DOCUMENT ATTACHED
 *LATEST TELEPHONE BILL (Only landline) *LATEST ELECTRICITY BILL *LATEST BANK ACCOUNT STATEMENT REGISTERED LEASE / SALE
 AGREEMENT OF OFFICE PREMISES ANY OTHER PROOF OF ADDRESS DOCUMENT (One as listed overleaf) _____

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

B. Other Details (Please see guidelines)

NAME, PAN, DIN/AADHAAR NUMBER, RESIDENTIAL ADDRESS AND PHOTOGRAPHS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES / WHOLE TIME
 DIRECTORS (Please use the Annexure to fill in the details)

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.

PLACE: _____

DATE (dd/mm/yyyy): _____

**NAME AND
SIGNATURE OF
AUTHORISED
PERSON(S)**

Signature as per Individual Pancard



Signature as per Individual Pancard



FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code _____

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

(ORIGINALS VERIFIED) SELF CERTIFIED DOCUMENT COPIES RECEIVED

(ATTESTED) TRUE COPIES OF DOCUMENTS RECEIVED

**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: _____

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.						

Karta/Partner photo stamp and sign across

Co-parcener/Partner photo stamp and sign across

**Signature as per Individual
Pancard**

X

CLIENT'S SIGNATURE AND STAMP [2]



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.
	If politically exposed person then only details required		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

PEP: Politically Exposed Person

RPEP: Related to politically Exposed Person

CLIENT'S SIGNATURE AND STAMP [3]

 Signature as per Individual Pancard

DATE (DD/MM/YYYY) _____

DECLARATION BY HUF FOR OPENING A TRADING AND/OR DEMAT ACCOUNT

TO RKS 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	Co-parcener Name		Relationship with Karta	Date of Birth Required
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 NAME

**CLIENT'S SIGNATURE
AND STAMP [4]**

 Signature as per Individual Pancard

DATE (DD/MM/YYYY) _____

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 AND STAMP [5]	Signature as per Individual Pancard
	DATE (DD/MM/YYYY) <input data-bbox="1135 1695 1468 1729" 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 AND STAMP [6]	Signature as per Individual Pancard
	DATE (DD/MM/YYYY) <input data-bbox="1135 2106 1468 2140" type="text"/>

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 **As per Bank proof** STATE:
COUNTRY:

ACCOUNT NUMBER: **As per Bank proof** MICR NUMBER: **As per Bank proof**

ACCOUNT TYPE CURRENT SAVINGS OTHER _____ IFSC CODE **As per Bank proof** | | | | | | | |

SECTION B

SECONDARY BANKING ACCOUNT

BANK NAME: BRANCH ADDRESS:

CITY/TOWN/VILLAGE: PIN CODE | | | | | | STATE:
COUNTRY:

ACCOUNT NUMBER: MICR NUMBER:

ACCOUNT TYPE CURRENT SAVINGS OTHER _____ IFSC CODE | | | | | | | | | | | | | |

SECTION C

PRIMARY DEPOSITORY ACCOUNT

DEPOSITORY PARTICIPANT NAME: DP TYPE (NSDL/CDSL): DEPOSITORY PARTICIPANT ID:

BENEFICIARY NAME: BENEFICIARY ID (BO ID):

SECTION D

SECONDARY DEPOSITORY ACCOUNT

DEPOSITORY PARTICIPANT NAME: DP TYPE (NSDL/CDSL): DEPOSITORY PARTICIPANT ID:

BENEFICIARY NAME: BENEFICIARY ID (BO ID):

SECTION E

TRADING PREFERENCES

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.

<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE CASH SEGMENT	CLIENT'S SIGNATURE AND STAMP [7A] <input checked="" type="checkbox"/> Signature as per Individual Pancard
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE F&O SEGMENT	CLIENT'S SIGNATURE AND STAMP [7B] <input checked="" type="checkbox"/> Signature as per Individual Pancard
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE BSE CASH SEGMENT	CLIENT'S SIGNATURE AND STAMP [7C] <input checked="" type="checkbox"/> Signature as per Individual Pancard
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE NSE CDS SEGMENT	CLIENT'S SIGNATURE AND STAMP [7D] <input checked="" type="checkbox"/> Signature as per Individual Pancard
<input type="checkbox"/> I/WE WOULD LIKE TO TRADE ON THE BSE CDS SEGMENT	CLIENT'S SIGNATURE AND STAMP [7E] <input checked="" type="checkbox"/> Signature as per Individual Pancard

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

SECTION F

PAST ACTIONS

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.

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:		SEBI REGISTRATION NUMBER:	WEBSITE:
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REGISTERED OFFICE ADDRESS:

STATE:	COUNTRY:	TEL:	FAX:
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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:
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CONCERNED MEMBER'S NAME WITH WHOM AP IS REGISTERED:	CLIENT CODE:
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REGISTERED OFFICE ADDRESS:	CITY:
----------------------------	-------

STATE:	COUNTRY:	TELEPHONE:	FAX:
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EMAIL ADDRESS:	DETAILS OF DISPUTES/DUES PENDING FROM/TO SUCH MEMBER/AP:
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WEBSITE:	
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SECTION H ADDITIONAL DETAILSCONTRACT NOTE PREFERENCES: ELECTRONIC CONTRACT NOTE (ECN) PHYSICAL CONTRACT NOTEEMAIL 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
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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
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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		
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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] <input checked="" type="checkbox"/> Signature as per Individual Pancard	DATE (DD/MM/YYYY)	<input type="text"/>
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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 AND STAMP [9] <input checked="" type="checkbox"/> Signature as per Individual Pancard	
DATE (DD/MM/YYYY) <input type="text"/> <input 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 type="text"/> <input type="text"/>
CLIENT INTERVIEW		
CLIENT INTERVIEWED BY:	EMPLOYEE CODE:	EMPLOYEE DESIGNATION:
EMPLOYEE SIGNATURE:		ON DATE (DD/MM/YYYY) <input type="text"/> <input type="text"/>
IN PERSON VERIFICATION (IPV)		
IPV PERFORMED BY:	EMPLOYEE CODE:	EMPLOYEE DESIGNATION:
EMPLOYEE SIGNATURE		ON DATE (DD/MM/YYYY) <input type="text"/> <input 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 type="text"/> <input 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

Zero brokerage charge on Equity delivery trades.

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, 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 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 

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): Same as mentioned on page no.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]	X Signature as per Individual Pancard	DATE (DD/MM/YYYY)	<input type="text"/>

AUTHORIZATION FOR RUNNING ACCOUNT

TO: RKS 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 RKS 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]	X Signature as per Individual Pancard	DATE (DD/MM/YYYY)	<input type="text"/>



ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

TO BE FILLED BY THE BY DEPOSITORY PARTICIPANT

APPLICATION NUMBER:	DATE (DD/MM/YYYY) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
DP INTERNAL REFERENCE NUMBER:	
DP ID <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	BO ID <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>

TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE)			
STATUS	SUB - STATUS		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL RESIDENT	<input type="checkbox"/> INDIVIDUAL DIRECTOR	<input type="checkbox"/> INDIVIDUAL HUF / AOP
	<input type="checkbox"/> INDIVIDUAL DIRECTOR'S RELATIVE	<input type="checkbox"/> MINOR	<input type="checkbox"/> OTHERS (SPECIFY) _____
	<input type="checkbox"/> INDIVIDUAL PROMOTER	<input type="checkbox"/> OTHERS (SPECIFY) _____	
	<input type="checkbox"/> INDIVIDUAL MARGIN TRADING A/C (MANTRA)		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI REPATRIABLE	<input type="checkbox"/> NRI NON - REPATRIABLE	<input type="checkbox"/> OTHERS (SPECIFY) _____
	<input type="checkbox"/> NRI REPATRIABLE PROMOTER	<input type="checkbox"/> NRI NON - REPATRIABLE PROMOTER	
	<input type="checkbox"/> NRI DEPOSITORY RECEIPTS	<input type="checkbox"/> OTHERS (SPECIFY) _____	
<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> OTHERS (SPECIFY) _____	
	<input type="checkbox"/> FOREIGN NATIONAL DEPOSITORY RECEIPTS		

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 following details:

SOLE/FIRST HOLDER'S NAME

PAN NO. (Compulsory) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	UID NO. <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
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SECOND HOLDER'S NAME:

PAN NO. (Compulsory) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	UID NO. <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
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THIRD HOLDER'S NAME:

PAN NO. (Compulsory) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	UID NO. <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
--	---

NAME*:

*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.

DETAILS OF GUARDIAN (IN CASE THE ACCOUNT HOLDER IS MINOR)

GUARDIAN'S NAME:	PAN NO. (Compulsory) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
RELATIONSHIP WITH THE APPLICANT: <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	

I / We instruct the DP to receive each and every credit in my/our account. (If not marked, the default option would be 'Yes')
 YES 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') YES NO

Account Statement Requirement AS PER SEBI REGULATION DAILY WEEKLY FORTNIGHTLY MONTHLY

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID
 YES NO _____

I / We would like to share the email ID with the RTA YES NO

I / We would like to receive the Annual Report (Tick the applicable box. If not marked, the default option would be in Physical)

PHYSICAL ELECTRONIC 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) **As per Cheque or Bank statement** FSC CODE **As per Cheque or Bank statement**

ACCOUNT NUMBER: **As per Cheque or Bank statement**

ACCOUNT TYPE SAVING CURRENT OTHERS (SPECIFY) _____

BANK NAME: **As per Cheque or Bank statement** BRANCH NAME: **As per Cheque or Bank statement**

BANK BRANCH ADDRESS: **As per Cheque or Bank statement**

CITY: STATE: COUNTRY: PIN CODE **As per Cheque or Bank statement**

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 **As same as page no. 4**

[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 wish to avail the following facility:

Basic Services Demat A/C facility: YES (Please sign the BSDA declaration) NO

Rajiv Gandhi Equity Savings Scheme (RGESS)

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.

X First/Sole Holder Signature [13]	Second Holder Signature	Third Holder Signature
Signature as per Individual 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	<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.

OTHER DETAILS

GROSS ANNUAL INCOME DETAILS (Income Range per annum)

UP TO RS. 1 LAC RS. 1 LAC - RS. 5 LAC RS. 5 LAC - RS. 10 LAC
 RS. 10 LAC - RS. 25 LAC MORE THAN RS. 25 LAC

NET WORTH AS ON DATE (NOT OLDER THAN 1 YEAR)

VALUE IN Rs. _____

DATE (DD/MM/YYYY) _____

OCCUPATION:

PRIVATE / PUBLIC SECTOR GOVT. SERVICE BUSINESS PROFESSIONAL AGRICULTURE
 RETIRED HOUSEWIFE STUDENT OTHER (SPECIFY) _____

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

ANY OTHER INFORMATION:

OPTION FORM FOR ISSUE OF DIS BOOKLET

(OPTIONAL)

DP ID

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 favour 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 favour 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 **(If you wish for DIS booklet)**
 OPTION 2 **(If you do not wish for DIS booklet)**

First/Sole Holder Signature [14]	Second Holder Signature	Third Holder Signature
X Signature as per Individual Pancard		

DATE (DD/MM/YYYY)

(Please Tear Here)

Acknowledgement Receipt

Application No.:

Date:

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

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)

Declaration	Please strike off which ver 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 [15]	Second Holder Signature	Third Holder Signature
<input checked="" type="checkbox"/> Signature as per Individual Pancard		

[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 [16]	Second Holder Signature	Third Holder Signature
<input checked="" type="checkbox"/> Signature as per Individual Pancard		

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

OPENING OF DEMAT ACCOUNT (NRI/FN)

Dear Sir/Madam,

Re: Opening of Demat Account (NRI/FN)

With reference to my/our application for opening of a Demat account with you. I/we hereby confirm that I am a/we are Non-Resident Indian/s/Foreign National/s. I /We also confirm that I/We have complied with FEMA (erstwhile FERA) regulations and I/we would continue to comply with FEMA (FERA) regulations.

In case of foreign address, if address with P.O. Box No. has been submitted as Permanent and/or Correspondence address, client need to submit complete residential foreign address, under declaration at the time of opening of the account. Whenever there is a change in the residential address, Client shall inform the DP.

Thanking you,
Yours faithfully,

First/Sole Holder Signature [17]	Second Holder Signature	Third Holder Signature
<input checked="" type="checkbox"/> Only for NRI client		

Place:

Date:



RKS Securities India Private Limited

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

Correspondence Office: RKS Securities 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

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	- Rs. 300 per annum.
Transaction charges Market / Off Market / Interdepositary Transactions	- Rs. 8/- plus Rs. 5.50/- (CDSL charges) per scrip
Pledge Charges Creation / Closure and Confirmation of both	- 0.02% of the transaction charges subject to a minimum of Rs. 50/- plus NSDL / CDSL charges at actual.
Pledge Charges for Invocation	- 0.05% of the transaction charges subject to a minimum of Rs. 50/-
Dematerialization Charges	- Rs 2.00 per certificate plus courier charges of Rs. 35/- per demat request for every 500 gms.
Rematerialization Charges	- Rs. 25/- per certificate or 0.05% of the value whichever is higher.
SLB Charges	- For Securities Borrowings: Rs. 25/- plus NSDL / CDSL charges at actuals. - For Securities Lending: Rs. 25/- plus NSDI / CDSL charges at actuals.
Repurchase / Redemption Charges	- Flat Rs. 25/- per transaction plus Depository charges at actuals.
Failed / Rejected Transactions	- Rs. 50/- per transaction.
Demat Rejection Charges	- Rs. 35/- per rejection for every 500 gms.
Adhoc / Non periodic statement requests	- 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	- 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	- 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 India 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. Annual Maintenance Charge (AMC) is non refundable. Service Tax, Education Cess and Higher Education Cess applicable on all above charges except stamp charges.

First/Sole Holder Signature [18]	Second Holder Signature	Third Holder Signature
X Signature as per Individual Pancard		

POWER OF ATTORNEY (VOLUNTARY)

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

(hereinafter referred to as " Beneficial Owner ") wish to avail / have availed the broking/ E-broking facilities and other services offered (hereinafter referred to as " Services"), by RKS Securities India Private Limited (hereinafter referred to as "RKS") 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 Metropolitan Stock Exchange of India Limited (MSEI) 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. RKS Securities India Private Limited (Member Broker), Hereinafter referred to as "RKS" acting through their Directors and/or duly authorised staff for the purpose, as my/our true and lawful attorneys for my depository account with RKS 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 RKS 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 RKS 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 RKS, for the transactions carried by me/us with RKS.
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 RKS 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, RKS 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 RKS under this Power of Attorney and that I/We further authorize RKS to debit my/our account with RKS 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 RKS.
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 [19]	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 [20]	Second Holder Signature	Third Holder Signature
X Signature as per Individual Pancard		

ANNEXURE B

PARTICULARS	DP ID	CLIENT ID	PARTICULARS	DP ID	CLIENT ID
CDSL CLIENT BEN A/C			CDSL NSE EARLY PAY-IN A/C	11000011	00019441
CDSL MSEI POOL A/C			CDSL BSE EARLY PAY-IN A/C	11000010	00022152
CDSL BSE PRINCIPAL A/C	16014800	00283859	NSDL BSE POOL A/C		
CDSL NSE POOL A/C	16014800	00282534	NSDL MSEI POOL A/C		
CDSL CLIENT MARGIN A/C	12081800	00011954	NSDL NSE POOL A/C		
CDSL MSEI EARLY PAY-IN 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
Co-parceners Name	Signature	Co-parceners Name	Signature

First/Sole Holder Signature [21]	Second Joint Holder Signature	Third Joint Holder Signature
X Signature as per Individual Pancard		

Witness 1	Witness 2
NAME:	
ADDRESS:	
SIGNATURE:	SIGNATURE:

FOR OFFICE USE ONLY

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 - 400 013

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 - 400 013

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 [22]	X Signature as per Individual Pancard	DATE (DD/MM/YYYY) <input type="text"/>

CLIENT REFERRAL PROGRAM

TO: RKS Securities 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 / Exchange 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 RKS, I will email RKS at support@upstox.com with my name, and the Individual's Name and Date of Birth from my registered email address with RKS.

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		
CLIENT'S SIGNATURE AND STAMP [23]	X Signature as per Individual Pancard	DATE (DD/MM/YYYY) <input type="text"/>
CLIENT ID (LEAVE BLANK IF NEW CUSTOMER)		

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

NAME	PHONE NUMBER	EMAIL ADDRESS

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 - 400 013

Dear Sir / Madam,

We the partners of M/s **Name as per Non-Individual Pancard** partnership firm, having its office at _____ hereby authorize Mr./Mrs./Ms. _____ and Mr./Mrs./Ms. _____ and 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,

X Signature as per Individual Pancard

SIGNATURE OF PARTNER [24]

X

SIGNATURE OF PARTNER

X

SIGNATURE OF PARTNER

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

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

Dear Sir,

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

Ref: DP ID: 1 2 0 8 1 8 0 0

I/We have opened/have a beneficiary a account 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 Joint Holder Signature	Third Joint Holder Signature
<input checked="" type="checkbox"/> Signature as per Individual Pancard		

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 26

A. Identity Details (please see guidelines)

FULL NAME (As appearing in supporting identification document):		Name as per Pan card		
FATHER / SPOUSE'S NAME: As per Pancard				
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) As per Pancard		AADHAAR NUMBER (if any)		
PROOF OF IDENTITY SUBMITTED FOR PAN EXEMPT CASES (Please Tick ✓) <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:
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 per 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.

CLIENT'S SIGNATURE 27 Signature as per Pancard	PLACE:	
	DATE (DD/MM/YYYY) 	

FOR OFFICE USE ONLY		IPV Done <input type="checkbox"/> on (dd/mm/yyyy)
AMC/Intermediary name OR code		Seal/Stamp of the intermediary should contain Staff Nam Designation Name of the Organization Signature Date
<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Attested) True copies of documents received Main Intermediary		
		Seal/Stamp of the intermediary should contain Staff Nam Designation Name of the Organization Signature Date

**Important Instructions:**

- A) Fields marked with ****** are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

FOR OFFICE USE ONLY

(To be filled by financial institution)

Application Type* New UpdateKYC Number (Mandatory for KYC update request)Account Type* Normal Simplified (for low risk customers) Small**□ 1. PERSONAL DETAILS**

(Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

 Name* (Same as ID proof) **As per PAN card**Maiden Name (If any*) **As per PAN card**Father / Spouse Name* **As per PAN card**Mother Name* **Mandatory**Date of Birth* **As per PAN card**

PLEASE AFFIX A
DECENT PASSPORT
PHOTOGRAPH AND
SIGN ACROSS IT

CLIENT'S
SIGNATURE 28

Gender* M-Male F-Female T-TransgenderMarital Status* Married Unmarried OthersCitizenship* IN-Indian Others (ISO 3166 Country Code) **As per page no.18**Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian OriginOccupation Type* S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Retired Housewife Student) B-Business X-Not Categorised**□ 2. TICK IF APPLICABLE □ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if Section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth* **□ 3. PROOF OF IDENTITY (Pol)***

(Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted) **(Any one ID Proof details)** A-Passport Number **As per Passport** Expiry Date **Date should be Valid** B-Voter ID Card C-PAN Card **As per Pancard** D-Driving Licence **As per Driving license** Expiry Date **Date should be a Valid** E-UID (Aadhaar) **As per Aadhar card** F-NREGA Job Card 

<input type="checkbox"/> Z-Others (any document notified by the central government)	_____
Identification Number	_____

<input type="checkbox"/> S-Simplified Measures Account - Document Type code	_____
Identification Number	_____

4. PROOF OF ADDRESS (PoA)*

<input type="checkbox"/> 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*	_____	ISO 3166 Country Code*	_____
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<input type="checkbox"/> 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*	_____	State / U.T Code*	_____	ISO 3166 Country Code*	_____
------------------	-------	-------------------	-------	------------------------	-------

<input type="checkbox"/> 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*	_____	State / U.T Code*	_____	ISO 3166 Country Code*	_____
------------------	-------	-------------------	-------	------------------------	-------

<input type="checkbox"/> 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)	(Please refer instruction F at the end)				
---	---	--	--	--	--

Tel. (Off) _____ - _____ Tel. (Res) _____ - _____

FAX _____ - _____ Mobile _____ - **As per page no. 4** _____

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

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

		PLACE:
CLIENT'S SIGNATURE	29	X Signature as per PAN card
		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)		

INSTITUTION DETAILS

Emp. Name:	Institution Stamp
Emp. Code:	



General Instructions:

1. Fields marked with '*' are mandatory fields.
2. Tick '✓' wherever applicable.
3. Self-Certification of documents is mandatory.
4. Please fill the form in English and in BLOCK Letters.
5. Please fill all dates in DD-MM-YYYY format.
6. 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.
7. KYC number of applicant is mandatory for updation of KYC details.
8. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
9. 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

1. **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either **father's name or spouse's name** is to be mandatorily furnished. 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

1. **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

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

1. 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.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted 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

1. 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.
2. In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

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

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

1. Provide KYC number of related person if available.

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

1. 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
Chhattisgarh	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		

