

Customer Registration Form

(For Individuals and Non-Individuals)

Branch/ AP Name _____

Client Name _____

Trading Id/UCC _____

DP Client Id _____

A/ C Opening Date _____



Investments
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All Leading Financial Institutions



ZUARI FINSERV LIMITED

CIN : U45400GA2013PLC007383

Corporate Office : Plot No. 2, Zamrudpur Community Centre,
Kailash Colony Extension, New Delhi-110048

E-mail: wecare@adventz.zuarimoney.com • Tel: 011-4647 4000, 011-4851 3300

Website : www.zuarimoney.com

Registered Office : Jai Kisaan Bhawan, Zuarinagar, Goa-403726 (India)

EXCHANGE & DEPOSITORY NAME	MEMBERSHIP ID / DP ID	SEBI REG. No. & DATE
NSE	10521	
BSE	3166	INZ000162134
MCX	45780	14-March-2018
NCDEX	00991	
NSDL	IN301055	IN-DP-366-2018
CDSL	12025800	28-August-2018

Compliance Officer

Name : Mr. Krishan Kant
Phone No. : +91-11-46474000
E-mail Id : complianceofficer@adventz.zuarimoney.com

Director

Name : Mr. Ranjan Kumar
Phone No. : +91-11-46474000
E-mail Id : zfl@adventz.zuarimoney.com

CONTACT DETAILS FOR INVESTOR GRIEVANCES

For any grievance/dispute please contact at the above address or mail us at email id- grievance@adventz.zuarimoney.com or contact us on 011-46474000 / 1800 123 1212 (Toll Free). In case not satisfied with the response, please contact the concerned exchange(s)/depository(ies) at :

Exchange/Depository Name	E-mail ID	Phone No.
National Stock Exchange of India Ltd. (NSE)	ignse@nse.co.in	022-26598190 / 1800 266 0058
Bombay Stock Exchange Ltd. (BSE)	is@bseindia.co.in	022-22728097
Multi Commodity Exchange of India Ltd. (MCX)	grievance@mcxindia.com	022-6731 8888
National Commodity & Derivative Exchange Ltd. (NCDEX)	askus@ncdex.com	022 6640 6084
National Securities Depository Limited (NSDL)	relations@nsdl.co.in	022-24994200
Central Depository Services (India) Limited (CDSL)	complaints@cdslindia.com	1800 200 5533

You can also login your grievance with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI office on Toll Free Helpline at 1800 22 7575/1800 266 7575.

FOR OFFICE USE ONLY - PAYMENT DETAILS

Amount	Cash/Cheque	Cheque No.			
Drawn On	Date	Scheme	<input type="checkbox"/> Normal	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> One Time Deposit
Bank Details					
Checked By		Verified By			

INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS

Instructions for filling up and completing the account opening document:

1. Please ensure that the form is complete in all respects and copies of the required documents are attached.
2. Pin code is compulsory in the address details.
3. Please put full signature at all the places marked (✍) for this purpose, put initial on all pages & go through the terms.
4. Original documents will be required for verification at the time of submission of the form.
5. Please fill all information in capital letters.
6. Please affix (not staple) a recent passport size colour photograph(s) on the space provided & sign across the photograph.
7. Please furnish a cheque of Rs. 200/- in favour of Zuari Finserv Limited, for signature verification & bank account verification.
8. Please go through Mandatory / Voluntary documents.
9. We do not accept cash, always draw your cheque in favour of 'Zuari Finserv Limited.'

I have read all the above instructions/documents (part of account opening kit) carefully and well understood them.

 First/Sole Holder

Client Name : _____

zuarimoney.com

ACKNOWLEDGEMENT

To,
ZUARI FINSERV LIMITED
 Plot no. 2, Zamrudpur Community Centre,
 Kailash Colony Extension, New Delhi 110048

Date: / /

Sub: Declaration for Opening of Trading and/or Demat Account along with Acceptance of KYC Document Booklet (Client Copy)

Trading ID / UCC	<input type="checkbox"/>	NSDL	<input type="checkbox"/>	CDSL
		DPID IN301055 CLIENT ID		DPID I2025800 CLIENT ID

Dear Sir,

1. I/We am/are desirous of opening the Trading Account (for Equity and/or Commodity) and Depository Account with Zuari Finserv Limited and I/We am/are in the process of executing Client Registration documents relating to the opening of the Trading &/or Demat Account.
2. I/We have furnished all the details required in the KYC form as per SEBI/ Exchanges/ Depository requirements. I/We confirm having read/been explained understood the contents of the KYC documents which are provided to me/us in a separate Client Copy (additional booklet- KYC document). This Client Copy (additional booklet) includes the following :-
 - a. Account Opening Application Form/ KYC Registration Form
 - b. Brokerage Slab/ Tariff Sheet for Broking Services and Tariff Sheet/ Schedule of Charges for DP Services
 - c. Rights and Obligations of Stock Brokers, Authorised Person and Client including Internet & Wireless Technology Based Trading Facility provided by Stock Broker to Client as prescribed by SEBI and Stock Exchanges
 - d. Risk Disclosure Document for Capital Market and Derivatives Segment (RDD) including Guidance Note-Do's and Don'ts for Trading on the Exchange(s) for Investors
 - e. Policies and Procedures - Equity
 - f. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depository
 - g. Rights and Obligations of Members, Authorised Persons and Clients including Internet & Wireless Technology Based Trading Facility provided by Member to Client as prescribed by SEBI and Commodity Exchanges
 - h. Risk Disclosure Document for Commodity Derivative Segment (RDD) including Guidance Note-Do's and Don'ts for Trading on the Exchange(s) for Investors- Commodity Derivative Segment
 - i. Additional Risk Disclosure Document for Options Trading in Commodity Derivative Segment
 - j. Policies and Procedures – Commodity
 - k. Terms & Conditions
 - l. Addendum to the Client Registration Form/ Key Information on Anti Money Laundering
 - m. SMS Alert Facility (Terms and Conditions given as Annexure- 2.4) – CDSL Client Account
 - n. Transactions Using Secured Texting Facility (TRUST) (Terms and Conditions as Annexure - 2.6) – CDSL Client Account
 - o. Most Important Terms & Conditions (MITC)
3. I/We understand that the Client Copy (additional booklet) is in accordance of the exchanges and/or SEBI/DP requirements applicable for opening Trading/DP account. I/We understand and agree that any amendment/modifications as required by the Exchanges/DP and/or regulators will be applicable to me/us at all point of time and changes if any in future will be intimated to me/us.
4. Further. I/We also confirm that all the information furnished by me/us in this form is true. I/We confirm that I/We have read/been explained and understood the Terms & Conditions, Rights and Obligations, Risk Disclosure, Policy & Procedures and their Terms & Conditions and General Information mentioned in the above mentioned documents which are provided to me/us in the Client Copy (additional booklet).

Name of Account Holder(s)	First/Sole Holder	Second/Joint Holder	Third Holder
Signatures of Account Holder(s)	First/Sole Holder	Second/Joint Holder	Third Holder

ACCOUNT OPENING KIT

INDEX OF DOCUMENTS

S. No.	Name of Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI, DEPOSITORY & EXCHANGES			
1.	Account Opening Form	A. KYC Form - Part I / CKYC Form (For Individual) - Documents capture the basis about the constituent & an instruction/checklist (to be sent to KRA/CERSAI).	1 to 2
		B. KYC Form - Part I (Non Individual) - Documents capture the basis about the constituent & an instruction/checklist (to be sent to KRA)	3 to 5
		C. Self Declaration Form - FATCA & CRS - Individual Accounts	6 to 7
		D. KYC Form - Part II Documents captures the basis about the constituent relevant to trading account & Demat account.	8 to 13
2.	Tariff Sheet – Equity & Commodity	Document detailing the rate/amount of brokerage & other charges levied the client for trading in the stock/commodity exchange(s).	16
3.	Tariff Sheet – Demat	Schedule of Charges/ Tariff Sheet for DP Services	17 to 18
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VOLUNTARY DOCUMENTS AS PROVIDED BY STOCK BROKER/ MEMBER AND DEPOSITORY PARTICIPANT			
5.	Standing Instruction / Authorisation (Authorisation by Client to Stock Broker/ Member/DP)	1. For Running Account Maintenance	14-15
6.		2. Delivery Pay-In / Pay-Out	
7.		3. Declaration cum Undertaking for Commodity Accounts	
8.		4. Order Confirmation/ Modification Cancellation Instructions	
9.		5. Delivery of Order Confirmation/ Modification/ Cancellation Slips	
10.		6. Consent for receiving ECN and any documents/communications in electronic form from Stock Broker/ Member & Depository Participant	
11.		7. Declaration for Delivery of Trade Confirmation via SMS	
12.		8. Log Reports on Email & SMS	
		9. Confirmation for Trading in Electronic Mode	
		10. Confirmation for Trading through Online Trading Facility	
		11. Declaration for Aadhaar	
		12. For debiting various Broking & Depository charges	
	13. For sharing of Data and Information		
13.	Email & Mobile Declaration	Format of Request - For Common Email & Mobile Number	18
14.	Banker's Verification	Verification	19
15.	Ghoshna in Hindi (घोषणा)	Declaration	19
16.	HUF Declaration	Declaration by Karta & Co-Parceners for HUF Accounts	20
18.	Demat Debit and Pledge Instruction	Demat Debit and Pledge Instruction (DDPI) given by client to Broker/ Member for operational convenience	22
19.	NACH Mandate Form	National Automated Clearing House(NACH) Mandate Form for clearing of debit	23
CLIENT COPY (KYC DOCUMENT BOOKLET) Here, "H" means "Handed Over to Client"			
MANDATORY SECTION - TRADING AND DEMAT ACCOUNT (EQUITY)			
1.	Rights and Obligations - Stock Broker	Rights and Obligations of Stock Brokers/ Trading Member, SubBroker/ Authorised Person and Client including additional Right and Obligation in case of Internet & Wireless Technology Based Trading Facility provided by Stock Broker/ Trading Member to Client as prescribed by SEBI and Stock Exchanges	H1 to H4
2.	Risk Disclosure Document (RDD)	Document detailing risk associated with dealing in the security/commodity/currency market.	H5 to H7
3.	Guidance Note	Document detailing Do's & Don'ts for trading on exchange, for the education of the investors.	H8
4.	Policies & Procedures	Document describing significant policies & procedures of the stock broker	H9 to H11
5.	Anti-Money Laundering (AML)	Understanding for clients about Anti Money Laundering (AML) provisions	H31
6.	Right & Obligations	Right & Obligations documents of Beneficial Owner & Depository Participant	H12 to H13
7.	Terms and Conditions for SMS alerts from CDSL	Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL [SMS Alerts will be sent by CDSL to BOs for all debits]	H32 to H33
8.	Terms and Conditions for TRUST service from CDSL	Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL	H34 to H35
8.	MITC	Most Important Term & Conditions	H34 to H35
MANDATORY SECTION - TRADING ACCOUNT (COMMODITY)			
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10.	Risk Disclosure Document (RDD)	Document detailing risk associated with dealing in the Commodity market	H20 to H22
11.	Guidance Note	Document detailing Do's & Don'ts for trading on exchange, for the education of the investors.	H23 to H24
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13.	Terms and Conditions (Voluntary)	General Terms and Conditions w.r.t. trading in Commodities	H27 to H30

PART I - KNOW YOUR CLIENT (KYC) / CENTRAL KYC REGISTRY APPLICATION FORM (For Individuals)

ZUARI FINSERV LIMITED

Registered Office : Jai Kisaan Bhawan, Zuarinagar, Goa-403 726 (India)

Corporate Office : Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048

E-mail: wecare@adventz.zuarimoney.com • Website: www.zuarimoney.com

Application Type* New Update

KYC NO. _____

Photograph

Please affix your recent

passport size photograph

Signature Across photograph

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																				
1.	Name of the Applicant																			
	Maiden Name (if any)																			
2.	Father / Spouse Name																			
3.	Mother Name																			
4.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married			c) Date of Birth													
5.	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify _____)																			
	b) Residential Status <input type="checkbox"/> Resident Individual			<input type="checkbox"/> Non Resident			<input type="checkbox"/> Foreign National			<input type="checkbox"/> Person of Indian Origin										
6.	a) PAN			b) Aadhaar Number, if any			X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.	Specify the proof of identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify _____)																			

B. ADDRESS DETAILS												
Address Type		<input type="checkbox"/> Residential / Business		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office		<input type="checkbox"/> Unspecified		
1.	Correspondence Address											
	City/Town/Village			PIN Code						Country		
	State			Country								
	2. Specify the proof of address submitted for Residence/Correspondence address											
3.	Tel. (off.)			Tel. (Res.)			Fax No					
	Mobile No.			E-mail ID								
4.	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)											
	City/Town/Village			PIN Code						Country		
	State			Country								

C. DECLARATION																
<p>. I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.</p> <p>. I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.</p> <p>. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</p>																
Signature of the Applicant			Date			D	D	M	M	Y	Y	Y	Y	Place		

FOR OFFICE USE ONLY												
S No.	Particulars											
1	<input type="checkbox"/> Originals verified and Self-Attested Documents copies received											
2	In-Person-Verification (IPV) details / KYC Verification carried out By :											
	a) Name of the person doing IPV			b) Employee Code			c) Designation					
	d) Name of Organization			Zuari Finserv Limited								
	e) Signature											
	f) Date											
				D	D	M	M	Y	Y	Y	Y	Y
Name & Signature of the Authorised Signatory of ZUARI FINSERV LIMITED						Seal/Stamp of the Zuari Finserv Limited						
Date:			D	D	M	M	Y	Y	Y	Y	Y	Y

* Separate KYC Application forms must be filled by each applicant i.e. (2nd Holder, 3rd Holder & Guardian) (24.01)

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

B. Proof of Identity (POI)

List of documents admissible as Proof of Identity:

1. 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 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/Unique Identification Number (UID) (Aadhaar Letter).
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Gazetted Officer/Notary Public/Elected representatives to the Legislative Assembly/ Parliament Documents issued by any govt. or Statutory Authorities.
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.
9. Aadhar Letter issued by UIDAI.

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.

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

ZUARI FINSERV LIMITED

Registered Office : Jai Kisaan Bhawan, Zuarinagar Goa-403 726 (India)
 Corporate Office : Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048
 E-mail: wecare@adventz.zuarimoney.com • Website: www.zuarimoney.com

Please fill this form in ENGLISH and in BLOCK LETTERS

IDENTITY DETAILS															
1.	Name of the Applicant														
2.	Date of Incorporation	D	D	M	M	Y	Y	Y	Y	Place of Incorporation					
3.	Date of commencement of business							D	D	M	M	Y	Y	Y	Y
4.	a) PAN				b) Registration No. (e.g. CIN)										
5.	Status (please tick any one) <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Bank <input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Government Body														
	<input type="checkbox"/> FI <input type="checkbox"/> Body Corporate <input type="checkbox"/> Non Government Organization <input type="checkbox"/> FII <input type="checkbox"/> Trust <input type="checkbox"/> Defense Establishment <input type="checkbox"/> HUF <input type="checkbox"/> Charities														
	<input type="checkbox"/> Society <input type="checkbox"/> AOP <input type="checkbox"/> NGO's <input type="checkbox"/> LLP <input type="checkbox"/> BOI <input type="checkbox"/> Others (please specify)														
ADDRESS DETAILS															
1.	Correspondence Address														
	City/Town/Village							PIN Code							
	State				Country										
2.	Specify the proof of address submitted for correspondence address														
3.	Contact Details		Tel. (Off)				Tel. (Res.)				Fax No.				
			Mobile No.				E-mail ID								
4.	Registered Address														
	(if different from above)														
	City/Town/Village							PIN Code							
	State				Country										
OTHER DETAILS															
1.	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and Whole Time Directors								If Space is insufficient, enclose these details separately (illustrative format inclosed)						
2.	DIN of Whole Time Directors														
3.	Aadhaar Number of Promoters/Partners/Karta														
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 misrepresenting, I am/we are aware that I/we may be held liable for it.								Name & Signature of the Authorised Signatory(ies)							
								Date				D D M M Y Y Y Y			
FOR OFFICE USE ONLY															
S No.	Particulars														
1	<input type="checkbox"/> Originals verified and Self-Attested Documents copies received														
2	In-Person-Verification (IPV) details:														
	a) Name of the person doing IPV														
	b) Designation														
	c) Name of Organization				Zuari Finserv Limited										
	d) Signature														
	e) Date				D D M M Y Y Y Y										
Name & Signature of the Authorised Signatory of ZUARI FINSERV LIMITED								Seal/Stamp of the Zuari Finserv Limited							
Date:								D D M M Y Y Y Y							

INSTRUCTIONS / CHECKLIST FOR FILLING KYC FORM

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

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 3 months old.
 3. Bank Account Statement/Passbook -- Not more than 3 months old.
 4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
 5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/ Scheduled Co-Operative Bank/ Multinational Foreign Banks/ Gazetted Officer/ Notary public/ Elected representatives to the Legislative Assembly/ Parliament/ Documents issued by any Govt. or Statutory Authority.
 6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
 7. For FII/ sub account, Power of Attorney given by FII/ sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
 8. The proof of address in the name of the spouse may be accepted.
 9. Aadhaar Letter issued by UIDAI

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. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details

to the intermediary.

E. List of people authorized to attest the documents:

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

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

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

**Details of Promoters/ Partners/ Karta / Trustees and Whole Time Directors forming a part of
Know Your Client (KYC) Application Form for Non-Individuals**

Name of Applicant	
--------------------------	--

PAN of the Applicant										
-----------------------------	--	--	--	--	--	--	--	--	--	--

1.	Name											Photograph Please affix your recent passport size photograph <i>Signature Across photograph</i>						
	Relationship with Applicant (i.e. Promoters, Whole Time Directors etc.)																	
	PAN																	
	DIN of Whole Time Directors/Aadhaar No. of Promoters/Partners/Karta																	
	Residential / Registered Address																	
		City/Town/Village												PIN				
	State													Country				
	E-mail ID													Mobile No.				
Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not PEP <input type="checkbox"/> Not RPEP																		

2.	Name											Photograph Please affix your recent passport size photograph <i>Signature Across photograph</i>						
	Relationship with Applicant (i.e. Promoters, Whole Time Directors etc.)																	
	PAN																	
	DIN of Whole Time Directors/Aadhaar No. of Promoters/Partners/Karta																	
	Residential / Registered Address																	
		City/Town/Village												PIN				
	State													Country				
	E-mail ID													Mobile No.				
Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not PEP <input type="checkbox"/> Not RPEP																		

3.	Name											Photograph Please affix your recent passport size photograph <i>Signature Across photograph</i>						
	Relationship with Applicant (i.e. Promoters, Whole Time Directors etc.)																	
	PAN																	
	DIN of Whole Time Directors/Aadhaar No. of Promoters/Partners/Karta																	
	Residential / Registered Address																	
		City/Town/Village												PIN				
	State													Country				
	E-mail ID													Mobile No.				
Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not PEP <input type="checkbox"/> Not RPEP																		

4.	Name											Photograph Please affix your recent passport size photograph <i>Signature Across photograph</i>						
	Relationship with Applicant (i.e. Promoters, Whole Time Directors etc.)																	
	PAN																	
	DIN of Whole Time Directors/Aadhaar No. of Promoters/Partners/Karta																	
	Residential / Registered Address																	
		City/Town/Village												PIN				
	State													Country				
	E-mail ID													Mobile No.				
Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not PEP <input type="checkbox"/> Not RPEP																		

Name & Signature of the Authorised Signatory(ies)	
--	---

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

ZUARI FINSERV LIMITED

Corp.Off.: Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension,
New Delhi 110048 Tel.: +91 11 46474000 • www.zuarimoney.com

FATCA & CRS Declaration for Individual Accounts

Please fill all the details in **Block Letters** in English. Please mark (✓) on the appropriate column

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Trading ID / UCC	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL
	DPID IN301055 CLIENT ID	DPID I2025800 CLIENT ID

		First/Sole Holder	Second/Joint Holder	Third Holder																								
1	Name of Account Holder(s)																											
2	Are you U.S. Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																								
4	PAN																											
5	Maiden Name (if any)																											
6	Father's Name (mandatory if PAN is not provided)																											
7	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others																								
8	Spouse's Name																											
9	Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
10	Country of Birth																											
11	City, State of Birth with PIN Code																											

Address of Tax Residency would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

12	Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
13	Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Other	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Other	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Other
14	Source of Wealth	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty <input type="checkbox"/> Other <i>Please specify</i>	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty <input type="checkbox"/> Other <i>Please specify</i>	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Royalty <input type="checkbox"/> Other <i>Please specify</i>
15	Gross Annual Income (Rs.)	<input type="checkbox"/> <1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25 Lacs	<input type="checkbox"/> <1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25 Lacs	<input type="checkbox"/> <1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25 Lacs
16	Politically Exposed Person (PEP) or Related to PEP (RPEP) Status	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> Not Applicable
17	Are you a TAX Resident of any country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If ticked "Yes" in point no.2 and 17, please indicate all countries in which you are resident for Tax purposes and the associated Tax ID Numbers below:

18	Specify Country of Tax Residency* (If resident of more than one country, please specify all)			
19	Specify Country of Citizenship* (If citizen of more than one country, please specify all)			
20	Tax Identification Number* (US TIN) or Equivalent (other than India)			
21	Identification Type (TIN or others, please specify)			

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

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 mentioned in converse side/next page and hereby accept the same.

22	Signatures of Account Holder(s)	First/Sole Holder	Second/Joint Holder	Third Holder
----	---------------------------------	-------------------	---------------------	--------------

FATCA & CRS Terms & Conditions

- Details under FATCA & CRS: 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 Zuari Finserv Limited. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.
- Zuari Finserv Limited be authorized to collect, store, disclose, share, remit in any form, mode or manner, all/ any of the information provided by you, including all changes, updates to such information as and when provided by you to Zuari Finserv Limited, its affiliates, its employees or any Indian or Foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the TAX/ Revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising you of the same.
- Zuari Finserv Limited is authorized to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updations & for other relevant purposes.
- In case of failure to disclose any material fact known to us, now or in future, may invalidate your application and Zuari Finserv Limited would be within its right to put restrictions in the operations of you account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by Zuari Finserv Limited if the deficiency is not remedied by you within the stipulated period.
- It shall be your sole responsibility(ies) to educate yourself/ yourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.

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 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 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 indicia observed

Documentation required for Cure of FATCA/ CRS Indicia

U.S. Place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND 3. Any one of the following documents: 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 Reason 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"> 1. Self-certification that the account holder is neither a citizen of US nor a tax resident of any country other than India; AND 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of US nor a tax resident of any country other than India; AND 2. Documentary evidence (refer list below) <p>If Indian telephone number is provided alongwith a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of US nor a tax resident of any country other than India; OR 2. Documentary evidence (refer list below)

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

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

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

List of occupation

Service | Student | Professional | Housewife | Retired | Proprietorship | Others (Please specify):

PART II - ADDITIONAL DETAILS FOR TRADING AND DEMAT ACCOUNT

(For Both Individuals and Non-Individuals)

APPLICATION NO.

INTERNAL REFERENCE NO.

DATE:

Trading ID / UCC	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL
DPID IN301055 CLIENT ID		DPID I2025800 CLIENT ID

I/We request you to open a Trading and/or Demat account in my/our name as per the following details:

(To be filled by the applicant in **BLOCK LETTERS** in English)

HOLDER DETAILS	First/Sole Holder	Second/Joint Holder	Third Holder
Name			
Pan			
Education Qualification	<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others <i>please specify</i>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others <i>please specify</i>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Others <i>please specify</i>

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 & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name	
Registration No./CIN	PAN

TYPE OF ACCOUNT - Sub Status

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Others: <i>please specify</i>	<input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Others: <i>please specify</i>	<input type="checkbox"/> Individual Promoter
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable <input type="checkbox"/> NRI-Depository Receipts <input type="checkbox"/> Others: <i>please specify</i>	<input type="checkbox"/> NRI-Repatriable Promoter	<input type="checkbox"/> NRI-Non-Repatriable Promoter	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National-Depository Receipts	<input type="checkbox"/> Others: <i>please specify</i>		
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> OCB <input type="checkbox"/> HUF <input type="checkbox"/> Clearing Member	<input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Clearing Corporation/House	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Others: <i>please specify</i>	<input type="checkbox"/> Trust <input type="checkbox"/> Bank

FINANCIAL DETAILS – Gross Annual Income Range (Per Annum) (Note: In case of any change in gross annual income for individual / non-individual, please inform accordingly)

<input type="checkbox"/> Individual	<input type="checkbox"/> Below Rs.1 Lac <input type="checkbox"/> Rs 1-5 Lacs <input type="checkbox"/> Rs 5-10 Lacs <input type="checkbox"/> Rs 10-25 Lacs <input type="checkbox"/> More than Rs 25 Lacs
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Below Rs.20 Lacs <input type="checkbox"/> Rs 20-50 Lacs <input type="checkbox"/> Rs 50 Lacs-1 Crore <input type="checkbox"/> Above Rs 1 Crore
Networth Amount	Rs _____ as on <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (Net worth should not be older than 1 year)

Please Tick "✓", if applicable: Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not Politically Exposed Person (PEP)
 Not Related to Politically Exposed Person (NRPEP) None
 Note: In case of Non-Individuals, it is applicable for any of your Authorised Signatory(ies)/ Promoters/Partners/Karta/Trustees/Directors

DETAILS OF GUARDIAN (Only in case the account holder is a "Minor")

Guardian's Name	
Guardian's PAN	Relationship with Applicant/Minor

Note: In case of Minor's Account, Two (2) separate KYC Application Form, must be filled i.e. One in the name of Guardian's himself/herself and another in the name of Minor (To be signed by Guardian)

CLEARING MEMBER DETAILS (Only in case the account holder is a "Clearing Member")

Name of the Stock Exchange	Name of Clearing Corporation/House
Clearing Member ID	SEBI Registration Number
Trade Name	CM BP-ID (to be filled by DP)

In case of NRI's/FII's/OCBs/OTHERS (as applicable) (Note: Please attach copy of SEBI Regn. Certificate/ RBI Approval (Permission) for dealing in securities from authorized dealer(bank))

SEBI Registration No.	SEBI Registration Date	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
RBI Approval Ref No.	RBI Approval Date	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>

Declaration: With reference to my/our Trading and/or Demat account maintain with ZFL, I/We hereby confirm that I/We have complied with, and shall continue to comply with Foreign Exchange Management Act (FEMA), 1999 and Rules & Regulations issued thereunder and other applicable laws



BANK ACCOUNT DETAILS		Account Type (Tick "✓") : <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others									
Bank Account No.											
Bank Name,											
Bank Address with PIN Code											PIN
IFSC Code						MICR Code					

Note: Leaf of Cancelled Cheque (duly signed by applicant) with MICR and IFSC code is required Or please provide copy of Bank Statement/Passbook having above details

BANK ACCOUNT DETAILS (Optional)		Account Type (Tick "✓") : <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others									
Bank Account No.											
Bank Name,											
Bank Address with PIN Code											PIN
IFSC Code						MICR Code					

DEPOSITORY ACCOUNT(S) DETAILS (Through which transactions shall generally be routed)					(Please tick "✓" whichever is applicable)				
Depository Participant (DP) Name	Depository Name	Beneficiary Name	DP ID	DP Client ID/ BO ID					
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL								
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL								

Note: Copy of latest DP Client Master List (CML) or latest statement of holdings issued by DP bearing applicant name is required

PAST ACTIONS		(Please tick "✓" whichever is applicable)									
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:											
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details: _____									

Only in case of Clients dealing in Commodities Derivative Market		(Please tick "✓" whichever is applicable)									
Client Category	<input type="checkbox"/> Farmers/FPOs (Participants such as farmers, farmers' cooperatives, Famers Producers Organizations (FPOs) and such entities of like nature) <input type="checkbox"/> Value Chain Participants (VCPs) (Participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockiest, Cash & Carry participants, Produces, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs) <input type="checkbox"/> Domestic Financial Institutional Investors (Participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives.) <input type="checkbox"/> Foreign Participants (Participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets.) <input type="checkbox"/> Proprietary Traders <input type="checkbox"/> Others: please specify _____										
Client Categorization (It is depending upon your proposed nature of your activity against each product type)	<input type="checkbox"/> Commercial Product Type: <input type="checkbox"/> Bullion <input type="checkbox"/> Base Metals <input type="checkbox"/> Energy <input type="checkbox"/> Agri-Commodities <input type="checkbox"/> Not Applicable <input type="checkbox"/> Non Commercial Product Type: <input type="checkbox"/> Bullion <input type="checkbox"/> Base Metals <input type="checkbox"/> Energy <input type="checkbox"/> Agri-Commodities <input type="checkbox"/> Not Applicable Note: - With a view to understand the extent of involvement of the physical market participants and to identify the nature of participants in the Commodities Derivative Market, Members of the Exchange are required to Categorize the identified Clients under one of the following category: (1). COM: Commercial Client includes Value Chain/ Physical market participant/exporter/importer/having direct/indirect Exposure to the underlying Commodity (2). NON-COM: Non Commercial Client includes Trader/ Arbitrageur (3). N.A.: Not Applicable (Client not dealing in the product)										

Dealing / Trading in Commodities		(Please tick "✓" whichever is applicable)									
I/We wish to trade in the following commodities with the Exchanges. In future, if I/We wish to trade on any new commodity(ies), I/We shall submit a duly signed consent letter to you.											
<input type="checkbox"/> MCX	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Copper	<input type="checkbox"/> Cotton	<input type="checkbox"/> CrudeOil	<input type="checkbox"/> Gold	<input type="checkbox"/> GoldGuinea	<input type="checkbox"/> GoldM	<input type="checkbox"/> GoldPetal	<input type="checkbox"/> Kapas	<input type="checkbox"/> Lead	<input type="checkbox"/> MCXBulldex
	<input type="checkbox"/> Rubber	<input type="checkbox"/> Silver	<input type="checkbox"/> SilverM	<input type="checkbox"/> SilverMic	<input type="checkbox"/> Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NaturalGas	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> NCDEX	<input type="checkbox"/> Bajra	<input type="checkbox"/> BarleyJpr	<input type="checkbox"/> Castor	<input type="checkbox"/> CastorOil	<input type="checkbox"/> Cocudakl	<input type="checkbox"/> Cotton	<input type="checkbox"/> Dhaniya	<input type="checkbox"/> GuarEx	<input type="checkbox"/> GuarGums	<input type="checkbox"/> GuarSeedIO	<input type="checkbox"/> Gur
	<input type="checkbox"/> Steel	<input type="checkbox"/> TMCFCGRNZM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> JeeraUnjha	<input type="checkbox"/> Kapas	<input type="checkbox"/> Maize
									<input type="checkbox"/> PadyPB112I	<input type="checkbox"/> SesameSeed	<input type="checkbox"/>

High Value Transactions		(Please tick "✓" whichever is applicable)									
I/We may undertake high value transaction of Rs.5 lakhs or more in a day depending on market volatility in any of the Exchange/s, where I/We am/are registered as client with you. Purposes of doing transaction are:											
<input type="checkbox"/> Trading / Speculation		<input type="checkbox"/> Arbitrage Hedging				<input type="checkbox"/> All of above					

GST Registration Details			
GST Registration No.	State	State Code	Validity Date _ dd/mm/yyyy

Sales Tax Registration Details (as applicable, State wise)			
Local Sales Tax Registration No. _____	Name of the State _____	Validity Date	__ d / m m / y y y y
Central Sales Tax Registration No. _____	Name of the State _____	Validity Date	__ d / m m / y y y y
Other Sales Tax Registration No. _____	Name of the State _____	Validity Date	__ d / m m / y y y y
VAT Details (as applicable, State wise)			
Local VAT Registration No. _____	Name of the State _____	Validity Date	__ d / m m / y y y y
Other VAT Registration No. _____	Name of the State _____	Validity Date	__ d / m m / y y y y
STANDING INSTRUCTIONS (Please tick "✓" appropriate option and strike off, if not applicable)			
I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')			(Automatic Credit) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address of Communication/ Corporate Benefits (If not marked, the default option would be 'Local/Permanent Address')			<input type="checkbox"/> Local/Permanent Add <input type="checkbox"/> Correspondence/Foreign Add
I/We would like to share the email ID with the RTA (If not marked, the default option would be 'Yes')			<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report, AGM Notices & Other Communications from the Issuer & RTAs (If not marked, the default option would be 'Physical')			<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')			<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be opened through Power of Attorney (POA)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be opened with Demat Debit and Pledge Instruction (DDPI)			<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We wish to receive dividend/interest directly in my/our bank account given above through ECS (ECS is mandatory for locations notified by SEBI from time to time)	(If not marked, the default option would be 'Yes')		<input type="checkbox"/> Yes <input type="checkbox"/> No
Option for Issue of Delivery Instruction Booklet (DIS Booklet) (Mandatory to select "✓" any one option)			
Kindly confirm the manner of receiving DIS booklet To be filled by person seeking to open a Depository account where Power of Attorney (POA)/ Demat Debit and Pledge Instructions (DDPI) has been granted/submitted to operate the depository account and do not intend to open Basic Service Demat Account BSDA)			
<input type="checkbox"/> I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us immediately on opening my/our NSDL/CDSL account though I/We have issued a Power of Attorney (POA) or signed a Demat Debit and Pledge Instructions (DDPI) executed/submitted in favour of Zuari Finserv Limited (ZFL) with for executing delivery instructions for setting stock exchange trades (settlement related transactions) effected through ZFL		<input type="checkbox"/> I/We do not require the Delivery Instruction Slip (DIS) for the time being, since I/We have issued a Power of Attorney (POA) or signed a Demat Debit and Pledge Instructions (DDPI) in favour of Zuari Finserv Limited (ZFL) for executing delivery instructions for setting stock exchange trades (settlement related transactions) effected through ZFL. However, the Delivery Instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.	
Mode of Operations	<input type="checkbox"/> Anyone Singly <input type="checkbox"/> Jointly <input type="checkbox"/> As per Board Resolution <input type="checkbox"/> Others: <u>please specify</u> _____		
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		
SMS Alert Facility Refer to Terms and Conditions given as Annexure 2.4	MOBILE NO. +91 _____ (Mandatory, if you are giving Power of Attorney (POA)/ If POA is not granted & you do not wish to avail of this facility, cancel this option)	1 st Holder 2 nd Holder 3 rd Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions as 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. 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) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Easi	To register for Easi, please visit CDSL's website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online		<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether you wish to receive Physical Contract Note/Electronic Contract Note (ECN)/Statement of A/c/ Txn/Holding/Other Statements, pls specify Specify your Email Id, if applicable: _____ (If not marked, the default option would be 'Electronic')			<input type="checkbox"/> Physical <input type="checkbox"/> Electronic
Number of years of Investment / Trading experience _____	E-mail Alert Facility		<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether you wish to avail of the facility of Internet Trading/Wireless Technology (please specify) :			<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to receive the Standard Account Opening Documents i.e. Rights & Obligations (Stock Broker and Depository Participant), Uniform Risk Disclosure Documents and Guidance Note detailing Do's and Dont's in the following form/mode, please specify:			<input type="checkbox"/> Physical <input type="checkbox"/> Electronic
In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of <input type="checkbox"/> Company <input type="checkbox"/> Firm <input type="checkbox"/> Others: <u>please specify</u> _____ (Please use separate annexure)			
Any other information :			

SELECT YOUR TRADING AND DEMAT PREFERENCES (Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.)

Exchange	NSE, BSE & MSEI				MCX, NCDEX, BSE & NSE
All Segment	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivative
If you do not wish to trade in any of segments / Mutual Fund, please mention here					
NSDL -			CDSL -		
<input type="checkbox"/> I have already Demat account with Zuari Finserv Limited.			DP ID Client ID		

If, in future, the applicant wants to trade on any new exchange/segment, separate authorization/letter should be submitted by the applicant

DEALINGS THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS

If Client is dealing through the authorised person, provide the following details:

Authorised Person Name					SEBI Regn. No.		
Registered Office Address	City/Town/Village				PIN Code		
	State			Country			
	Phone		Fax	Website			
Whether dealing with any other stock broker/authorised person (in case dealing with multiple stock brokers/authorised person, provide details of all)							
Name of Stock Broker							
Name of authorised person (if any)							
Registered Office Address	City/Town/Village				PIN Code		
	State			Country			
	Client Code		Exchange				
Details of disputes/dues pending from/to such stock broker/authorised person							

NOMINATION OPTION		Date DD/MM/YYYY	
Trading ID / UCC	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL	
DP ID IN301055 CLIENT ID		DP ID I2025800 CLIENT ID	

I/ We do not wish to make a nomination. **[Strike off the nomination details below]**

Declaration for opting out of nomination :

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further am/are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

I/We wish to make a nomination. **[As per details given below]**

NOMINATION DETAILS

I/ We wish to make a nomination and do hereby nominate the following person (s) who shall receive all the assets held in my/our account in the event of my / our death

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the Nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> [If not equally, please specify percentage]	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
		PIN Code		

5	Mobile/Telephone No. of Nominee(s)			
6	Email ID of Nominee(s)			
7	<p>Nominee Identification details :</p> <p>[Please tick any one of following and provide details of same]</p> <input type="checkbox"/> Photograph & Signature	<p>Photograph of 1st nominee</p> <p>Signature of Nominee across photograph</p> <p>Nominee Signature</p>	<p>Photograph of 2nd nominee</p> <p>Signature of Nominee across photograph</p> <p>Nominee Signature</p>	<p>Photograph of 3rd nominee</p> <p>Signature of Nominee across photograph</p> <p>Nominee Signature</p>
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Saving Bank Account No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat Account ID			
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				
8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian(s)			
	PIN Code			
11	Mobile/Telephone No. of Guardian(s)			
12	Email ID of Guardian(s)			
13	Relationship of Guardian(s) with Nominee			
14	<p>Guardian Identification details :</p> <p>[Please tick any one of following and provide details of same]</p> <input type="checkbox"/> Photograph & Signature	<p>Photograph of 1st Guardian</p> <p>Signature of Guardian across photograph</p> <p>Guardian Signature</p>	<p>Photograph of 2nd Guardian</p> <p>Signature of Guardian across photograph</p> <p>Guardian Signature</p>	<p>Photograph of 3rd Guardian</p> <p>Signature of Guardian across photograph</p> <p>Guardian Signature</p>
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Saving Bank Account No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat Account ID			
Name(s) of Holder(s)			Signature(s) of holder	
Sole/ First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

Signature of Witness for Nomination*										
Name of the Witness	Address	Signature of Witness								
		Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

*Signature of witness, along with name and address are required, if account holder affixes thumb impression instead of signature.




- Notes: 1. This nomination shall supersede any prior nomination made by the account holder(s) if any.
2. The Trading Member/Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)

INTRODUCER DETAILS (Optional)

Name of the Introducer																			
Status of the Introducer	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others, please specify																		
Address of Introducer																			
	City/Town/Village <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> PIN Code <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
State <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Country <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
Phone No.	Signature of the Introducer																		
Client Code/Client ID (if Existing Client)																			

DECLARATION

- I/We hereby declare that the rules, regulations and by-laws of the Depository, Depository Participants, Stock Exchanges, SEBI & Member Broker pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. The details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. In case non-resident account, I/We also declare that I/We have complied & will continue to comply with FEMA regulation.
 - 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 and all the Voluntary / non-mandatory documents.
 - 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.
- Place : _____ Date _____

Name(s) of Holder(s)	Signature(s) of holder
Sole/ First Holder (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

NOTE

- All communication shall be sent at the address of the Sole/ First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- Strike off whichever is not applicable.
- For receiving Statement of account in electronic form:
 - Client must ensure the confidentiality of the password of the Email account
 - Client must promptly inform the participant if the Email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, participant may also terminate this facility by giving 10 days prior notice.

FOR OFFICE USE ONLY

UCC Code allotted to the Client	Client ID
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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 Obligations' and RDD would be made available on my/our website, if any, for the information of the clients. 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".

Date : _____

Signature of the Authorised Signatory of
ZUARI FINSERV LIMITED with Seal & Stamp

STANDING INSTRUCTIONS / AUTHORISATION

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

To,
ZUARI FINSERV LIMITED

Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048

Dear Sir,

I/We have been/shall be dealing through you as my/our Broker on the Capital Market/Future & Option/ Currency Derivatives and/or Commodity Derivative Segment(s) through NSE/BSE/MCX/NCDEX Exchanges. I/We direct and authorize Zuari Finserv Limited (herein after referred to as ZFL) to carry out trading/ dealings on my/our behalf as per instructions given below. Please treat these instructions as written ratification of my/our verbal directions/ authorizations given and carried out by you earlier.

(Please mark Tick "✓" the relevant box and strike off what is not applicable)

1. Running Account Authorization

- Maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise and issue me/us CHEQUES/NEFT/RTGS/IMPS for the credit balance only as and when requested by me/us.
- Settle my/our fund account as per the following option; **Once in every 90 days** OR **Once in a every 30 days**
or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
- Retain securities from my/our securities payout with you till request is made by me/us i.e. to maintain it as a running account for the securities.
- Retain payout of funds and securities to meet my/our margin and pay in obligations or debit my/our running account for the margin payable by me/us i.e. to maintain it as a running account for the funds.
- Transfer funds and/or securities from my/our account/running account in the inter-segment Capital Market/ Future & Option/ Currency Derivatives/ Commodity Derivative Segments and/or inter-exchange NSE/BSE/MCX/NCDEX or vice versa whenever applicable and found necessary by you.
- Pledge/re-pledge my/our securities as collateral/margin with ZFL/Clearing Member(CM)/Clearing Corporation for the purpose of margin/collateral as also to meet shortfall obligation in my/our funds.
- I/We hereby agree to return the funds to me/us if I/we have not done any transaction in the 30 calendar days since the last transaction, within next three working days irrespective of the date when the running account was previously settled or I/We hereby agree to return the funds to me/us within the period as specified by SEBI/Exchange/s time to time.
- I/We authorize you to set off outstanding in any of my/our accounts against credits available or arising in any other accounts maintained with you irrespective of the fact that such credits in the accounts may pertain to transactions in any segment of the exchange and /or against the value of cash margin or collateral shares provided to you by me/us.
- I/We confirm you that I/We will bring to you notice any dispute arising from the statement of account or settlement so made in writing within seven (7) working days from the date of funds/securities or receipt of statement of account or statement related to it, as the case may be at your registered office.
- I/We am/are entitled to revoke this authorization at any time without any notice.

2. Delivery Pay-In/ Pay-Out:

- In case, I/We have made any purchase transaction and the delivery of the same falls short inter-client at the broker level, I/We hereby authorize you to make purchases of the same in the market to make available the delivery of the said deliveries to me/us only if you feel fit in your absolute discretion.
- Similarly, in case, I/We have made any sale transaction and due to exigence, I/We am/are unable to make available the delivery of the same in the designated account within the prescribed time and it is an inter client delivery at broker level, I/We hereby authorize you to make purchased of the same in the market on my/our behalf to make available to the opposite party only if you feel fit in your absolute discretion.

3. Declaration cum Undertaking:

- I/We, the undersigned, have taken cognizance of circular no. MCX/300/2006 & MCX/338/2006 issued by Multi Commodity Exchange of India Limited (MCX) dated August, 1, 2006 & August 21, 2006, respectively and circular no. NCDEX/TRADING-114/2006/247 issued by the National Commodity & Derivative Exchange Limited (NCDEX) dated September 28, 2006 on the guidelines for calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same. I/We hereby declare and undertake that I/We will not exceed the position limits prescribed from time to time by MCX/NCDEX or SEBI and such position limits will be calculated in accordance with the contents of above stated circular of MCX/NCDEX as modified from time to time. I/We undertake to inform you and keep you informed if any of our partners/directors/karta/trustee or any of the partnership firms/companies/HUFs/Trusts in which or any of above such person is a partner/director/karta/trustee, takes or holds any position in any commodity forward contract/commodity derivative on MCX/NCDEX through you or through any other member(s) of MCX/NCDEX, to enable you to restrict our position limit as prescribed by the above referred circular of MCX/NCDEX as modified from time to time. I/We confirm that you have agreed to enter orders in commodity forward contracts/commodity derivatives for me/us as your clients on MCX/NCDEX only on the basis of our above assurances and undertaking.
- I/We agree that any MTM loss on open positions should be adjusted against the initial deposit maintained in cash by me/us with you. I/We do hereby declare that I/We have not filed the Income Tax Return for the Financial Year (FY) & thus I/We cannot produce ITR copy for the purpose of opening account in Equity/Commodity/Currency Derivative segment(s).

4. Order Confirmation/ Modification/ Cancellation Instructions:

I/We understand that you require written instructions for receiving confirmation/modifying or cancelling orders. However, since it is not practical to give written instructions for every order, I/we hereby authorize you to kindly accept my/our authorized representatives, verbal instructions/orders in person or over phone and execute the same. I/We am/are getting required details from contracts issued by you.

5. Delivery of Order Confirmation/ Modification/ Cancellation Slips:

I/We hereby authorize you not to provide me/us order confirmation/modification/cancellation slips and trade confirmation slips as generated from the Trading Terminal to avoid unnecessary paper work unless otherwise requested by me/us in writing. I/We shall get the required details from contract notes and/or confirmation issued by you.

6. Consent For Electronic Contract Note (ECN)/ Statements on E-mail/Website

I/We hereby agree, declare and undertake as follows;

- That ZFL has to provide Physical Contract Notes (PCN)/ Various Statements that includes Transaction Statements/Bills/ Financial Statements/ Net Positions/ Margin Statements/ Statement of Accounts cum Register of Securities/ Trade Confirmation Statements/ DP Transaction Statement/ DP Holding Statement/ DP Transaction-cum-Holding Statement/ DP Bills/ DP Statement of Accounts/ Ledger Statements and/or all other statements/ reports with regards to my/our Trading and/or Demat Account(s) as per the statutory requirements or under my specific request for all the transactions placed by me/us unless I/We myself/ourselves want the same in the electronic form. I/We am/are aware that ZFL has to provide Electronic Contract Notes (ECN)/ various statements as mentioned above for my/our convenience and/or on my/our request only.
- Though ZFL is required to deliver Physical Contract Notes (PCN)/various statements, I/We find that it is inconvenient for me/us to receive Physical Contract Notes (PCN)/various statements. Therefore, I/We am/are voluntarily requesting for delivery of Electronic Contract Notes (ECN)/various statements pertaining to all the transactions carried out/ordered by me/us through e-mail and/or your website. I/We am/are aware that I/We will not receive contract note/various statements in paper/physical form. I/We understand that website(s) would mean www.zuarimoney.com and or any of its pages/links/applets or any other website that ZFL inform from time to time.

 First / Sole Holder

 Second / Joint Holder

 Third Holder

BROKERAGE SLAB/ TARIFF SHEET FOR BROKING SERVICES

To,
ZUARI FINSERV LIMITED
 Plot No. 2, Zamrudpur Community Centre,
 Kailash Colony Extension, New Delhi-110048

Date:

Dear Sir,
 I/ We hereby agree with the charges and brokerage terms & conditions as mentioned below:

Capital Market (Cash) Segment				Equity Derivative (F&O) Segment		Currency Derivative Segment		Commodity Derivative Segment	
Delivery		Intraday / Square Up		Futures	Option	Futures	Option	Futures	Option
%age	Min(Rs.)	%age	Min(Rs.)	%age	Min(Rs./lot)	%age	Min(Rs./lot)	%age	Min(Rs./lot)

Other Charges and Terms & Conditions;

- Account opening charges will be levied at Rs.200 for resident (inclusive of GST) and shall be non-refundable
- All statutory and exchange related charges i.e. Securities Transaction Tax (STT), Commodities Transaction Tax (CTT), Exchange Transaction Charges, Stamp Duty (as applicable State wise), SEBI Turnover Fees, Goods and Service Tax (GST) and any other Statutory/Regulatory/Government charges will be levied as may be applicable from time to time over and above Brokerage opted
- Stock Broker is authorized to charge to client if any additional charges arrives in any given circumstance and conditions related to Trading and/or Demat and thereafter inform the client
- Courier Charges will be levied on actual or Rs.100 (GST extra), whichever is higher on per delivery of physical document
- Delayed Payment Charges on debit balance will be debited to client's Trading and/or DP ledger not exceeding 24% Per Annum
- In event of Cheque bounce, charges per actual on each instance will be levied to client
- All Types of Demat charges like annual maintenance fees, transaction charges etc, will be debited from Clients Trading ledger at actual as per clients Demat Account's Billing.
- Additional services provided to client like SMS/E-mail Alert facility etc., would be charged separately as decided by stock broker from time to time
- Changes in any charges other than statutory/Regulatory/Government will be intimated within 15 days of notice and should be mutually agreed upon
- Brokerage will not exceed the rates specified by SEBI and Exchanges.
- Any penalty levied by Exchanges on the client positions shall be recovered from the Client's account, in case of default.
- Minimum brokerage will be charged at the rate of Rs.20/- per segment for each day

I/We have understood and agreed the above terms and conditions related to charges listed above being charged to me/us, as applicable and agree to abide by the same.

 First/Sole Holder

Name of Account Holder _____

SCHEDULE OF CHARGES / TARIFF SHEET FOR DP SERVICES

SCHEDULE A

Scheme/Fee Head Please select "✓" any one	<input type="checkbox"/> Scheme A	<input type="checkbox"/> Scheme B One Time Deposit	<input type="checkbox"/> Scheme C Security Deposit	<input type="checkbox"/> Scheme A - 1 Corporate Account	<input type="checkbox"/> Scheme D Basic Service Demat Account
Advance Payment	Rs. 550/-	Rs. 1,800 (Plus Applicable Taxes) Non Refundable	Rs. 4,500, out of which Rs. 4,000 is refundable. Remaining balance shall remain credit in the account towards future billing.	Rs. 2,000	Rs. 1,100/-
Account Opening Charges	Nil	Nil	Nil	Nil	Nil
Account Maintenance Charges	Rs. 475/-	Nil	Nil	Rs. 1,200 + Rs. 500 (NSDL Charges, charged on actual basis)	Free - If Valuation is < 50,000 Rs. 100/- If Valuation is > 50,001 < 200,000
Dematerialisation Charges	Rs. 2 Per Certificate + Postage Charges#	Rs. 2 Per Certificate + Postage Charges#	Rs. 2 Per Certificate + Postage Charges#	Rs. 2 Per Certificate + Postage Charges#	Rs. 2 Per Certificate + Postage Charges#
Rematerialisation Charges	Rs. 20 Per 100 shares or part thereof or Rs. 20 Per Certificate whichever is higher	Rs. 20 Per 100 shares or part thereof or Rs. 20 Per Certificate whichever is higher	Rs. 20 Per 100 shares or part thereof or Rs. 20 Per Certificate whichever is higher	Rs. 20 Per 100 shares or part thereof or Rs. 20 Per Certificate whichever is higher	Rs. 20 Per 100 shares or part thereof or Rs. 20 Per Certificate whichever is higher
Custody Charges	Nil	Nil	Nil	Nil	Nil
Transaction Charges (Market / Off Market)	0.03% of Market Value* of share or Minimum Rs. 28/- Per Transaction	0.03% of Market Value* of share or Minimum Rs. 28/- Per Transaction	0.03% of Market Value* of share or Minimum Rs. 28/- Per Transaction	0.03% of Market Value* of share or Minimum Rs. 28/- Per Transaction	0.04% of Market Value* of share or Minimum Rs. 75/- Per Transaction
Pledge Charges (Creation / Closure including unilateral / Invocation and confirmation of any type)	0.02% of Market Value of share or Minimum Rs. 50/- Per Transaction	0.02% of Market Value of share or Minimum Rs. 50/- Per Transaction	0.02% of Market Value of share or Minimum Rs. 50/- Per Transaction	0.02% of Market Value of share or Minimum Rs. 50/- Per Transaction	0.02% of Market Value of share or Minimum Rs. 75/- Per Transaction
CUSPA Pledge/ Unpledge Charges	Rs 20/- Per Transaction	Rs 20/- Per Transaction	Rs 20/- Per Transaction	Rs 20/- Per Transaction	Rs 20/- Per Transaction
Margin Pledge Charges (Creation/Closure/Invocation)	Rs. 10/- Per Transaction	Rs. 10/- Per Transaction	Rs. 10/- Per Transaction	Rs. 10/- Per Transaction	Rs. 10/- Per Transaction
NDU Charges	0.02% of Market Value of Shares, Minimum Rs. 50/- Per Transaction	0.02% of Market Value of Shares, Minimum Rs. 50/- Per Transaction	0.02% of Market Value of Shares, Minimum Rs. 50/- Per Transaction	0.02% of Market Value of Shares, Minimum Rs. 50/- Per Transaction	0.02% of Market Value of Shares, Minimum Rs. 75/- Per Transaction
Freezing / Defreezing	Rs. 50/- Per Instance	Rs. 50/- Per Instance	Rs. 50/- Per Instance	Rs. 50/- Per Instance	Rs. 100/- Per Instance
Modification / addition / deletion of any type information in the account	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 50/- Per Instance
Failed Instruction Charges	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance
Failed Instruction Intimation - Telephonic	Free	Free	Free	Free	Rs. 25/- Per Instance
Usage of Web Portal - Back office (if required)	Free	Free	Free	Free	Rs. 50/- Per Quarter
DIS Issuance	1st Booklet Free, thereafter, Rs. 20/- / Rs. 40/- containing 10 / 20 slips respectively.	1st Booklet Free, thereafter, Rs. 20/- / Rs. 40/- containing 10 / 20 slips respectively.	1st Booklet Free, thereafter, Rs. 20/- / Rs. 40/- containing 10 / 20 slips respectively.	1st Booklet Free, thereafter, Rs. 20/- / Rs. 40/- containing 10 / 20 slips respectively.	1st Booklet Free, thereafter, Rs. 40/- / Rs. 60/- containing 10 / 20 slips respectively.
Statement request over email	Free	Free	Free	Free	Rs.25 per statement
Statement request (Physical)- Other than Statutory	Rs. 5 Per page + Postage Charges#	Rs. 5 Per page + Postage Charges#	Rs. 5 Per page + Postage Charges#	Rs. 5 Per page + Postage Charges#	Rs. 10 Per page + Postage Charges#
Demat Rejection Charges	Rs.25/- per instance + Postage Charges#	Rs.25/- per instance + Postage Charges#	Rs.25/- per instance + Postage Charges#	Rs.25/- per instance + Postage Charges#	Rs.25/- per instance + Postage Charges#
DIS Issuance without requisition / lost booklet	Rs. 100/- Per Instance	Rs. 100/- Per Instance	Rs. 100/- Per Instance	Rs. 100/- Per Instance	Rs. 150/- Per Instance
Late Instruction Submission Charges	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 25/- Per Instance	Rs. 50/- Per Instance

PLEASE NOTE

* Market Value shall be calculated on the basis of the Price File provided by the Depository(ies).

* In case if share price is not appearing in the Price File provided by the Depository(ies), charges will be calculated on total transaction value on Face Value of the share, whichever is higher.

Postage Charges: Minimum Rs.100/- if dispatched through Courier Or On Actual basis if dispatched through Indian Post, whichever is higher

Stamp paper charges for DDPI will be debited in clients demat account

I/ We have been explained with the criteria & services that shall be provided under BSDA. I/We have understood the T&C as mentioned in converse side and made my/our choice & ticked above.

 First / Sole Holder

 Second / Joint Holder

 Third / Sole Holder

FURTHER :

1. Eligibility criteria for BSDA shall be evaluated at the end of every billing cycle. If the valuation of holding in BSDA account exceeds the prescribed criteria at any date, AMC shall be applicable as per the regular accounts, from that date onwards.
2. Customer opting for BSDA have to mandatorily give ECS standing instructions.
3. Customer opting for BSDA, if required for any other services Rs. 25/- shall be charged for such service(s).
4. Charges are subject to revision by giving 30 days prior notice, information of which shall be sent by ordinary post / electronic mode / courier.
5. Basis the transaction value, Zuari Finserv Limited may ask the Customer to deposit advance payment towards the transaction charges.
6. Zuari Finserv Limited may refuse to execute the DIS / suspend / freeze the account in case of non-payment of outstanding bill.
7. Any dispute is subject to Delhi Jurisdiction only.
8. Customer agrees and authorise Zuari Finserv Limited to recover outstanding amount appearing in the Demat account from the respective Trading Account.
9. In case of issuance of DIS without requisition slip / lost, Rs. 100/- will be charged.
10. In case of closure, refund shall be processed within 45-60 days.
11. Taxes shall be levied on the requisite / required services as per the prevailing Govt. Policy & Rate.
12. Any charge that is not mentioned above, shall be charged on actual. In case of any off market(sale) transaction, stamp duty should be paid in advance to the Depository(ies).

FORMAT OF REQUEST - FOR COMMON EMAIL & MOBILE NUMBER

ZUARI FINSERV LIMITED

Regd. Office : Jai Kisaan Bhawan, Zuarinagar, Goa-403 726 (India)

Corporate Office : Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048,

Tel : +91-11-46474000/30483800 | Fax : +91-11-41608276

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please mark (✓) on the appropriate column and please fill all the details in **Black and Block** Letters in English.

Trading ID / UCC	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL
	DP ID IN301055 CLIENT ID	DP ID I2025800 CLIENT ID

Dear Sir,

I _____ would like to confirm that following Mobile number &/or E-mail ID is/are registered in my account:-

Mobile No.	+91	
-------------------	-----	--






E-mail Id	
------------------	--

I understand that my mobile number/email id is registered with some other trading and/or demat account/s with you.

I hereby declare that I have given consent to the below clients, who is / are my family member/s (i.e. spouse/depended parents/depended children) to mention my mobile number/email id in their KYCs to which I have no objection.

All the transactions in their accounts are not only done as per their respective instructions but they are well conveyed by me of all the SMS/Email belonging to them which are sent by you to me on my above mobile number/email id.

All these below clients also do not have any objection to the same. They have also signed the consent form:-

Sr. No	Trading Id	Demat A/C No.	Client Name	Relation	Signature
1				Self	
2				<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
3				<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
4				<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
5				<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter	

Disclosure for Proprietary Trading

To,
Mr. / Ms. _____

Sub : Disclosure by Member for Proprietary Trading

Dear Sir / Madam,

This is in reference to above captioned subject, we hereby confirm that we (Zuari Finserv Limited) carry out trading on behalf of client and for our own account as well as we as company do engage in proprietary business. The same is being confirmed as per Exchange notification.

Regards,

For **Zuari Finserv Limited**

Authorised Signatory

Note : The information to given in the form, is the sole property of the Member Broker and would not be disclosed to anyone unless required by law/statutory/regulatory authorities or except with express permission of the client.

ACKNOWLEDGEMENT

I / We hereby acknowledge the receipt of the information given by Zuari Finserv Limited in respect to confirmation that trading in 'Pro' Account.

Signature of Client  _____ Name : _____

BANKER'S VERIFICATION

To, _____ Date: _____

ZUARI FINSERV LIMITED

Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048

Dear Sir,

This is to certify that the savings / current account no. of Mr. / Ms. / M/s held jointly with Mr. Ms. / M/swith our branch, has been active since We confirm that the signature of the client agrees with the specimen held in our records. This verification is without any responsibility on the part of the bank or the signing offer.

Signature of Client  _____ Signature of Client  _____ Signature of Client  _____

Signed in my/our presence and attested by me/us

Bank Name & Address	
Name & Signature of Authorised Signatory	
Stamp of the Bank Branch	

I/We understood all the contents of this KYC/Voluntary Documents duly interpreted in my mother tongue.

Signature of Client  _____

(Tear Here) _____

घोषणा

मैं.....यह घोषणा करता/करती हूँ कि मैंने जुआरी फिनसर्व लिमिटेड में अपना ट्रेडिंग खाता खोला है। उसके लिए मैंने एकाउन्ट ओपनिंग फार्म और विभिन्न कागजात पर हस्ताक्षर किये हैं जोकि अंग्रेजी भाषा में है। मुझे इसका हिन्दी में मतलब समझा दिया गया है। मैं जुआरी फिनसर्व लिमिटेड के नियम व शर्तों से सहमत हूँ।

हस्ताक्षर  _____

DECLARATION BY KARTA & ALL CO-PARCERNERS IN CASE OF HUF ACCOUNT

To,

ZUARI FINSERV LIMITED

Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi-110048

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

A/c No. _____

- WHEREAS the Hindu Undivided Family of _____ is carrying on business in the firm name and style of _____ at _____ or we intent to deal, have or desire to have Share Trading Account with Zuari Finserv Limited (hereinafter referred as 'Member') We, undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that _____ is the present Karta of the said joint family.
- We confirm that affairs of the H.U.F. firm are carried on mainly by the Karta _____ on behalf and in the interest and for the benefit of all the co-parceners. We hereby authorize the Karta _____ on behalf of the H.U.F. to deal on Capital Market segment (CM), Futures and Options segment (F&O), or any other segment that may be introduced by NSE in future and the said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the H.U.F. Mr./Mrs. _____ is authorized to sell, purchase, transfer, endorse, negotiate documents and / or otherwise deal through Zuari Finserv Limited on behalf of th H.U.F. _____ He is 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 are, however, jointly and severally responsible for all liabilities of the said H.U.F firm to the Member and agree and confirm that any claim due to the Member from the said H.U.F. firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said joint family, including the share of the minor co-parceners, if any.
- We undertake to advise the Member in writing of any change that may occur in the Kartaship or in the constitution of the said joint family or of said H.U.F firm and until receipt of such notice by the Member which shall be binding on the said joint family and the said H.U.F firm and on our respective estates. We shall, however, continue to be liable jointly and severally to the Member for all dues obligations of the said H.U.F. firm in the Member's book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged.
- We recognize that a beneficiary account can be opened with Depository Participant only in the name of HUF/Karta as per regulations. To facilitate the operation of the above share trading account with you and for the purpose of completing the share transfer obligations pursuant to the trading operations, we authorize you to recognize the beneficiary account no. _____ with Depository _____ Opened in name of _____ who is the Karta of this H.U. F.
- The names and date of birth of the present minor co-parceners of the said joint family are given below. We undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized to act on behalf of, and bind the said H.U.F. Firm.


Name of the Minor	Father's Name	Date of Birth
_____	_____	_____/_____/20____
_____	_____	_____/_____/20____

- We have received and read a copy of the Member's rules and regulations for the conduct of Share Trading Accounts and we agree to comply with and be bound by the said rules now in force or any changes that may be made therein from time to time.
- This is to certify that following are the family members under _____ (HUF)

List of Family Members (Seperate Annexure may be used in case number of members is higher)

S. No.	Name of Coparcener/Member	Gender	Relationship with Karta	Date of Birth	Whether Coparcener/Member (Please Specify)
1					
2					
3					
4					
5					

Thank you.
Yours Truly

Signature of Karta  _____

Name: _____ Address: _____

 _____ (Signature of Co-parcener)
  _____ (Signature of Co-parcener)
  _____ (Signature of Co-parcener)
  _____ (Signature of Co-parcener)

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.



DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI)

To ALL TO WHOM THESE PRESENTS SHALL COME, I/We _____ (name of the demat account holder/s), here as I/We hold a Beneficial Owner Account No













I	N	3	0	I	0	5	5								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

 with National Securities Depository Ltd (NSDL) and/or

I	2	0	2	5	8	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

 with Central Depository Services (India) Limited (CDSL), through Zuari Finserv Limited (herein after referred as ZFL), having its corporate office at Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi 110048 and registered office at Jai Kisaan Bhawan, Zuarinagar, Goa-403726 (India) bearing NSDL DP ID IN301055 and CDSL DP ID 25800 having SEBI registration number IN-DP-366-2018. AND WHEREAS I/We am/are investor engaged in buying and selling of securities through ZFL, a SEBI registered stock broker bearing registration no. INZ000162134 AND member of National Stock Exchange of India Ltd. (NSE TM ID 10521), Bombay Stock Exchange Ltd. (BSE TM ID 3166), Multi Commodity Exchange (MCX TM ID 45780) and National Commodity and Derivatives Exchange (NCDEX TM ID 00991). The DP Account numbers of ZFL for the purpose of this Instructions/authorization are mentioned as follows;

S. No.	NSDL/CDSL Demat A/c No.	CMBP-ID	Purpose	S. No.	NSDL/CDSL Demat A/c No.	CMBP-ID	Purpose
1	IN301055 10456160	IN512997	NSE PAY IN A/c	7	12025800 00003876	-	Client Unpaid Securities Account (CUSA)
2	IN301055 10553716	IN631667	BSE PAY IN A/c	8	12025800 00003880	-	Client Unpaid Securities Account (CUSA)
3	12025800 00001714	-	NSE PAY IN A/c	9	IN301055 10890953	-	TM/CM-Client Securities Margin Pledge Account (Normal)
4	12025800 00002089	-	BSE PAY IN A/c	10	12025800 00003935	-	TM/CM-Client Securities Margin Pledge Account(Normal)
5	12025800 00002093	-	BSE PAY IN A/c	11	IN301055 10895302	-	TM/CM-Client Securities Margin Pledge Account (MTF)
6	IN301055 10884971	IN521220	Client Unpaid Securities Account (CUSA)	12	IN301055 10891350	-	TM-Client Securities under Margin Funding Account

S. No.	Purpose	Signature of Account Holder/s		
1	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	 First Holder / Signatory	 Second Holder / Signatory	 Third Holder / Signatory
2	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange	 First Holder / Signatory	 Second Holder / Signatory	 Third Holder / Signatory
3	Mutual Fund Transactions being executed on Stock Exchange order entry platforms	 First Holder / Signatory	 Second Holder / Signatory	 Third Holder / Signatory
4	Tendering shares in open offers through Stock Exchange platforms	 First Holder / Signatory	 Second Holder / Signatory	 Third Holder / Signatory

Declaration

I/We agree to abide by and to be bound by the rules and regulations laid down by depository participant and Depositories as are in force from time to time for such accounts. 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, if any, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We shall be held liable for it. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". I/We, do hereby agree to ratify all lawful acts and things executed pursuant to the instructions/authorization here in above contained. I/We further agree and confirm that the powers and authorities conferred by this facility shall continue until the same is terminated/revoked//modified by me/us by giving 10 days prior notice through intimation/request at the corporate office of ZFL. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

Made at _____ on this day of _____

Client Code:

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We hereby agree to execute Instructions in terms of the clauses mentioned here in above.

For and on behalf of **ZUARI FINSERV LIMITED**

(Stamp and Signature)

zuarimoney.com

UMRN

[Grid for UMRN]

Date [DD][MM][YYYY]

Tick (✓)

Sponsor Bank Code

[Sponsor Bank Code]

Utility Code

[Utility Code]

- CREATE
- MODIFY
- CANCEL

I/We hereby authorize

ZUARI FINSERV LIMITED

to debit (tick/✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

[Bank a/c number]

with Bank

Name of customers bank

[Name of customers bank]

IFSC

[IFSC]

or MICR

[MICR]

an amount of Rupees

[Amount]

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 **IN0301055 -**

Phone No.

[Phone No.]

Reference 2

[Reference 2]

Email ID

[Email ID]

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

[From DD MM YYYY]

To

[To DD MM YYYY]

Or

Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.

* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

zuarimoney.com

UMRN

[Grid for UMRN]

Date [DD][MM][YYYY]

Tick (✓)

Sponsor Bank Code

[Sponsor Bank Code]

Utility Code

[Utility Code]

- CREATE
- MODIFY
- CANCEL

I/We hereby authorize

ZUARI FINSERV LIMITED

to debit (tick/✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

[Bank a/c number]

with Bank

Name of customers bank

[Name of customers bank]

IFSC

[IFSC]

or MICR

[MICR]

an amount of Rupees

[Amount]

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 **IN0301055 -**

Phone No.

[Phone No.]

Reference 2

[Reference 2]

Email ID

[Email ID]

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

[From DD MM YYYY]

To

[To DD MM YYYY]

Or

Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.

* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

zuarimoney.com

UMRN

[Grid for UMRN]

Date [DD][MM][YYYY]

Tick (✓)

Sponsor Bank Code

[Sponsor Bank Code]

Utility Code

[Utility Code]

- CREATE
- MODIFY
- CANCEL

I/We hereby authorize

ZUARI FINSERV LIMITED

to debit (tick/✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

[Bank a/c number]

with Bank

Name of customers bank

[Name of customers bank]

IFSC

[IFSC]

or MICR

[MICR]

an amount of Rupees

[Amount]

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 **IN0301055 -**

Phone No.

[Phone No.]

Reference 2

[Reference 2]

Email ID

[Email ID]

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

[From DD MM YYYY]

To

[To DD MM YYYY]

Or

Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.

* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

COMPLETENESS OF FORM

Verified by

Name : _____
Signature : _____
Date : _____

Approved by

Name : _____
Signature : _____
Date : _____

Entered in Back office System by

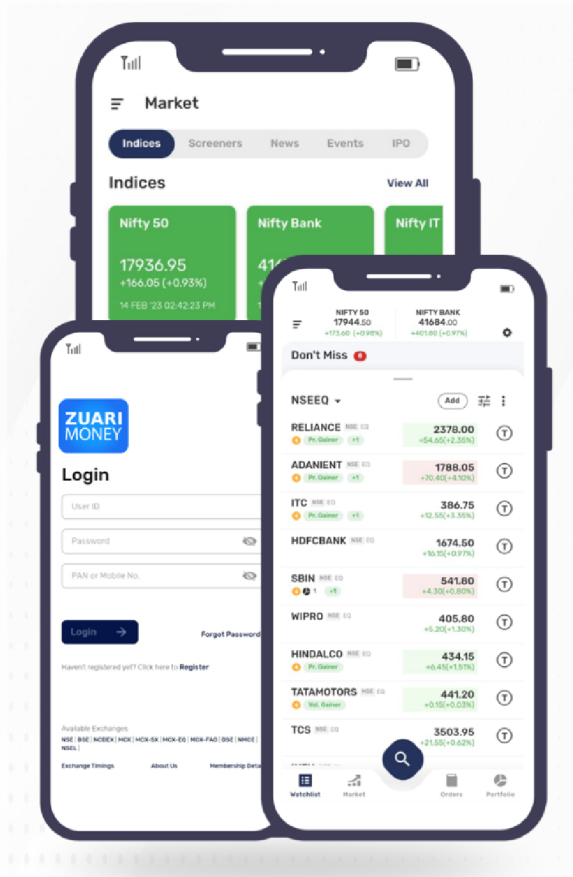
Name : _____
Signature : _____
Date : _____

Entered in Surveillance System by

Name : _____
Signature : _____
Date : _____

Client Name : _____
Branch : _____
Received on : _____
Relationship Manager : _____
Dealer : _____
Introducer : _____

Zuarimoney Trading App



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Tel :

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