

FILE NO.

Serial No. :

Date :

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

POA

Client Code :

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NOMINEE

Client ID :

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Holder's Name :

.....

Branch Name :

.....

Branch Code :

.....

For Office Use Only

|       |           |                          |      |                          |    |                          |
|-------|-----------|--------------------------|------|--------------------------|----|--------------------------|
| NSE   | CM        | <input type="checkbox"/> | F&O  | <input type="checkbox"/> | CD | <input type="checkbox"/> |
| BSE   | CM        | <input type="checkbox"/> | F&O  | <input type="checkbox"/> |    |                          |
| MCX   | Commodity | <input type="checkbox"/> |      |                          |    |                          |
| NCDEX | Commodity | <input type="checkbox"/> |      |                          |    |                          |
| DP    | NSDL      | <input type="checkbox"/> | CDSL | <input type="checkbox"/> |    |                          |



www.elitewealth.in

# Elite Wealth Limited

CIN: U74899HR1990PLC035764

MEMBER : NATIONAL STOCK EXCHANGE OF INDIA LTD.

MEMBER : BSE LTD.

MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.

MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE LTD.

SEBI REGN. NO. : INZ000186539

DP : NATIONAL SECURITIES DEPOSITORY LTD.

SEBI REGN. NO. : NSDL (DP ID : IN 301670) IN-DP-133-2015

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

SEBI REGN. NO. : CDSL (DP ID : 12066800 ) IN-DP-133-2015

## CLIENT REGISTRATION FORM

Name (Branch/AP) : \_\_\_\_\_

Employee Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : 

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

Place : \_\_\_\_\_

Signature of Applicant(s) :



First Holder



Second Holder



Third Holder



www.elitewealth.in

## Elite Wealth Limited

CIN: U74899HR1990PLC035764

| Exchange Name     | SEBI Regn. No. |
|-------------------|----------------|
| NSE (CM, FO, CDS) | INZ000186539   |
| BSE ((CM, FO)     | INZ000186539   |
| MCX               | INZ000186539   |
| NCDEX             | INZ000186539   |

**Membership No.:** NSE: 08051, BSE: 3162, MCX : 12325, NCDEX : 01075, AMFI Reg. No. ARN Code:13376, POP Reg No.: 5000612.

**Regd. Office** : Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk, Sector-61, Gurgaon- 122001, Haryana  
Phone : +91-124-4068107 • Fax : +91-124-4053448 • E-mail : info@elitewealth.in  
**Website:** www.elitewealth.in

**Corporate Office** : S-8, DDA Shopping Complex, Mayur Vihar Phase-1, Delhi-110091  
Phone : +91-11-42445757 • Fax : +91-11-22795783 • E-mail: info@elitewealth.in

### Compliance Officer's Details

Name : Mr. Diwan Singh Phone No. : +91-11-42445757  
E-mail Id : compliance@elitewealth.in

### COO's Details

Name : Vikram Luthra Phone No. : +91-11-42445757  
E-mail Id : vikramluthra@elitewealth.in

### Clearing Member Details for BSE F&O Segment, NSE Currency Derivative Segment and NCDEX

Name : Globe Capital Market Ltd.  
SEBI Regn. No. : BSE-INZ000177137 • NSE-INZ000177137 • NCDEX-INZ000177137  
Regd. Office : 609, Ansal Bhawan, 16 K.G. Marg, Connaught Place, New Delhi-110001  
Phone No. : +91-11-30412400 • Fax : +91-11-23720880

For any grievance/dispute please contact Elite Wealth Limited at the above address or email id **investorquery@elitewealth.in** and Phone No. +91-11-42445757. In case not satisfied with the response, please contact the concerned exchange(s) at :

- NSE-complaint may be filed through e-mail : invg@nse.co.in or sending hard copy to nearest NSE office or may Call at 022-26598100
- BSE-complaint may be filed through e-mail : mahesh.ghadi@bseindia.com or sending hard copy to nearest BSE Investor centre or at 022-22721233
- MCX-complaint may be filed through e-mail : grievance@mcxindia.com or sending hard copy to nearest MCX office or may Call at 022-67318888
- NCDEX-complaint may be filed through e-mail : askus@ncdex.com or sending hard copy to nearest NCDEX Investor centre or at 022-66406084
- CDSL-complaint may be filed through e-mail : complaints@cdslindia.com or sending hard copy to nearest CDSL office or may Call at 1800225533
- NSDL-complaint may be filed through e-mail : info@nsdl.co.in or sending hard copy to nearest NSDL office or may call at 1800222990

If you are not satisfied, you may also lodge your grievance with SEBI at <http://scores.gov.in>. For any feedback or assistance. Please contact SEBI Office at Tollfree Helpline at 1800227575/18002667575.

### About Internet & Wireless Based Trading Facilities

Tick the mode of Trading

- Explorer (Web based)       Empower (Mobile App)  
 Enhance (Exe based)       Call & Trade

### Filing of complaints on SEBI SCORES - Easy & Quick (<https://www.scores.gov.in/scores/Welcome.html>)

- Register on SCORES portal
- Mandatory details for filing complaints on SCORES: i.e. Name, Pan, Address, Mobile Number, Email ID
- Benefits:
  - Effective communication
  - Speedy redressal of the grievances

**ACCOUNT OPENING KIT****INDEX OF DOCUMENTS**

| S. No.   | Name of Document               | Brief Significance of the Document   | Page No.       |
|--|--------------------------------|--|----------------|
| <b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b> |                                |  |                |
| 1.   | Account Opening Form           | A. CKYC form - Document captures the basic information about the constituent and an instruction/check list.  | 1 to 7         |
|  |                                | B. Document captures the additional information about the constituent relevant to trading & DP account and an instruction/check list.  | 8 to 16        |
| 2.   | Rights and Obligations         | Document stating the Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading) | Separate Sheet |
| 3.   | Risk Disclosure Document (RDD) | Document detailing risks associated with dealing in the securities market.   |                |
| 4.   | Guidance note                  | Document detailing do's and don'ts for trading on exchange, for the education of the investors.  |                |
| 5.   | Policies and Procedures        | Document describing significant policies and procedures of the stock broker  |                |
| 6.   | Tariff Sheet                   | Tariff Sheet provides the detailed terms & conditions of charging subscription/rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).                                       |                |

**VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

| S. No. | Name of Document              | Brief Significance of the Document                        | Page No. |
|--------|-------------------------------|---|----------|
| 7.     | Electronic Contract Note      | Electronic Contract Note (ECN) Declaration                | 18       |
| 8.     | Running Account Authorisation | Running Account Authorisation                             | 19       |
| 9.     | Letter of Authority           | Authorisation to Member                                   | 20       |
| 10.    | Client Position Undertaking   | Undertaking for not exceeding position client - MCX/NCDEX | 21       |
| 11.    | FATCA & CRS Declaration       | FATCA & CRS Declaration for Individual & Non-Individual   | 22 to 24 |

**DEPOSITORY PARTICIPANT & OTHER DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

| S. No. | Name of Document   | Brief Significance of the Document   | Page No. |
|--------|--|--|----------|
| 12.    | DDPI   | For Operating Beneficiary Account  | 25       |
| 13.    | Price Structure  | Schedule of Charges  | 26       |
| 14.    | SMS Alert Facility   | Terms and Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL | 27-28    |
| 15.    | Issuance of DIS Booklet  | Option for Issuance of DIS Booklet Along with account opening                                | 29       |
| 16.    | Declaration by HUF   | Declaration  | 30       |
| 17.    | Declaration for NIR  | Declaration  | 31       |
| 18.    | Declaration for Name Discrepancy in PAN Card, Bank Proof & Address Proof | Declaration  | 32       |
| 19.    | Declaration by Sales Person/Authorised Person                            | Declaration  | 33       |
| 20.    | Online Mutual Fund Application Form                                      | Online Mutual Fund Application Form  | 34       |

**Note:** A separate booklet containing "Rights and Obligations, Risk Disclosure Document (RDD), Guidance note- Do's and Don'ts for trading on the exchange(s) for the investors" is available with account opening form which is also available at our website [www.elitewealth.in](http://www.elitewealth.in) on Investor Awareness segments.

## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM (For Trading and Demat Account)

### 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 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.

### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorized to attest the documents:

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

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

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

**Additional documents in case of trading in derivatives segments - illustrative list:**

|  |   |
|--|---|
| Copy of ITR Acknowledgement                                      | Copy of Annual Accounts                   |
| In case of salary income - Salary Slip, Copy of Form 16          | Net worth certificate                     |
| Copy of demat account holding statement.                         | Bank account statement for last 6 months  |
| Any other relevant documents substantiating ownership of assets. | Self declaration with relevant supporting |

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

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

Demat Proof: Demat master or recent holding statement issued by DP bearing name of the client.

In-person Verification:

For Individuals:

- (i) Stock broker has an option of doing "in-person" verification through web camera at the branch office of the stock broker/sub-broker's office.
- (ii) In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out

In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted. For Non Individuals: Form need to be initialed by all the authorized Signatories.

## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

### General Instructions:

- 1 Fields marked with '\*\*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

### A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

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

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

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

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

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

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

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

| Document Code | Description  |
|---------------|--|
| 01            | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).  |
| 02            | Property or Municipal Tax receipt.   |
| 03            | Bank account or Post Office savings bank account statement.  |
| 04            | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.  |
| 05            | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06            | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.  |

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

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

### F Clarification / Guidelines on filling 'Contact details' section

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

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

- 1 Provide KYC number of related person if available.

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

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

**A Clarification / Guidelines for filing Entity Details section**

1. Entity Constitution Type:
 

|  |   |  |
|--|---|--|
| A - Sole Proprietorship                                      | H - Trust   | O - Artificial Juridical Person  |
| B - Partnership Firm   | I - Liquidator                                    | P - International Organisation or Agency / Foreign Embassy or Consular Office etc. |
| C - HUF  | J - Limited Liability Partnership                 | Q - Not Categorized  |
| D - Private Limited Company                                  | K - Artificial Juridical Person                   | R - Others   |
| E - Public Limited Company                                   | L - Public Sector Banks                           | S - Foreign Portfolio Investors  |
| F - Society  | M - Central/State Government Department or Agency |  |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)     |  |
2. In case of companies and partnership, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available

**B Clarification / Guidelines for filing 'Proof of Identity [Pol]' section**

1. Activity Proof - 1 and Activity Proof - 2 are applicable for account in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
2. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
3. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC Process to be submitted.
4. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of information by Intermediaries Providing Digital Locker Facilities) Rules, 2016
5. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
6. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

**C Clarification / Guidelines for filing 'Proof of Address [PoA]' section**

1. State / U.T. Code and PIN / Post Code will not be mandatory for Overseas addresses.
2. Certified copy of document or equivalent e-document to be submitted.

**D Clarification / Guidelines for filing 'Contact Details' section**

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

**E Clarification / Guidelines for filing 'Related Person Details' section**

1. Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Proof of Address [PoA]
  - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
3. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
4. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

**F Provision for capturing signature of multiple authorised persons is to be made by the RE.**

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

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

## List of ISO 3166 two - digit Country Code

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



**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

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



**For office use only**  
*(To be filled by financial institution)*

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

|   |  |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|
|   | Prefix   | First Name           | Middle Name          | Last Name            |
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name (If any*)                             | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name*                             | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name*                                      | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth*                                    | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender*   | <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender   |                      |                      |                      |
| Marital Status*                                   | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others  |                      |                      |                      |
| Citizenship*                                      | <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )  |                      |                      |                      |
| Residential Status*                               | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian<br><input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin  |                      |                      |                      |
| Occupation Type*                                  | <input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector )<br><input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student )<br><input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised |                      |                      |                      |

**PHOTO**

Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

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

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **C** at the end)

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

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

**4. PROOF OF ADDRESS (PoA)\***

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

*(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)*

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

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

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

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

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

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

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

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

Tel. (Off) - Tel. (Res) - Mobile -  
 FAX - Email ID

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

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **(H)** at the end)

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

**7. REMARKS (If any)**

**8. APPLICANT DECLARATION**

- I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I hereby consent to receiving information from KRA/CERSAI (CKYC) through SMS/Email on the above registered number/Email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my 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.

 [Signature / Thumb Impression]  
 Signature / Thumb Impression of Applicant

Date : -- Place :

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  IPV Done

**KYC / IN-PERSON VERIFICATION CARRIED OUT BY**

Date -- Place   
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

[Employee Signature]

**INSTITUTION DETAILS**

Name **ELITE WEALTH LIMITED**  
 Code **IN 1250**

[Institution Stamp]



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

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

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

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

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

Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

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

Tel. (Off) - Tel. (Res) - Mobile -  
 FAX - Email ID

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

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **(H)** at the end)

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

**7. REMARKS (If any)**

**8. APPLICANT DECLARATION**

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

Date : -- Place :

 [Signature / Thumb Impression]  
 Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received**  Certified Copies  IPV Done

**KYC / IN-PERSON VERIFICATION CARRIED OUT BY**

Date -- Place   
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

[Employee Signature]

**INSTITUTION DETAILS**

Name **ELITE WEALTH LIMITED**  
 Code **IN1250**

[Institution Stamp]

**Important Instructions:**

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



**For office use only**      Application Type\*     New       Update  
 (To be filled by financial institution)    KYC Number     (Mandatory for KYC update request)

**1. ENTITY DETAILS\*** (Please refer instruction A at the end)

Name\*   

Entity Constitution Type\*     Others (Specify)    (Please refer instruction B at the end)

Date of Incorporation / Formation\*     DD -  MM -  YY  YY      Date of Commencement of Business     DD -  MM -  YY  YY

Place of Incorporation / Formation\*          Country of Incorporation / Formation\*          TIN or Equivalent Issuing Country   

PAN\*           Form 60 furnished

TIN / GST Registration Number   

**2. PROOF OF IDENTITY (PoI)\*** (Please refer instruction B at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation           Registration Certificate     Regn. Certificate No.

Memorandum and Articles of Association       Partnership Deed       Trust Deed

Resolution of Board / Managing Committee       Power or attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only)       Activity Proof - 2 (For Sole Proprietorship Only)

**3. ADDRESS\*** (Please refer instruction C at the end)

3.2 Local Address in India (If different from Above)\*

Proof of Address\*     Certificate of Incorporation / Formation     Registration Certificate     Other Document   

Line 1\*   

Line 2   

Line 3     City / Town / Village\*   

District     Pin / Post Code\*          State / U.T. Code\*          ISO 3166 Country Code\*   

3.1 Registered Office Address / Place of Business\*

Line 1\*   

Line 2   

Line 3     City / Town / Village\*   

District     Pin / Post Code\*          State / U.T. Code\*          ISO 3166 Country Code\*   

**4. CONTACT DETAILS** (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)     -       FAX     -

Mobile     -       Email ID   

Mobile     -       Email ID   

**5. NUMBER OF RELATED PERSONS**     (Please refer instruction E at the end)



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

| Sr. No. | Name | Relationship with Applicant (i.e. promoters, whole time directors etc.) | PAN | Residential / Registered Address | DIN of whole time directors / Aadhaar number of Promoters / Partners / Karta | Photograph |
|---------|------|---|-----|----------------------------------|--|------------|
| 1.      |      |   |     |                                  | DIN :<br><br>UID :   |            |
| 2.      |      |   |     |                                  | DIN :<br><br>UID :   |            |
| 3.      |      |   |     |                                  | DIN :<br><br>UID :   |            |
| 4.      |      |   |     |                                  | DIN :<br><br>UID :   |            |
| 5.      |      |   |     |                                  | DIN :<br><br>UID :   |            |



\_\_\_\_\_  
Name & Signature of the Authorised Signatory(ies)

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

## TRADING AND DEMAT ACCOUNT RELATED DETAILS

For Individuals & Non-Individuals

I/We request you to open the following account(s) in my/our name as per the following details. (Please tick only one of the following options)

- Trading Account and NSDL Demat Account       Trading Account only  
 Trading Account and CDSL Demat Account       NSDL Demat Account only       CDSL Demat Account only

DP IDs : NSDL :  IN301670      CDSL :  12066800

Date : .....

Client ID (To be filled by Participant)

### TYPE OF ACCOUNT (Please tick whichever is applicable)

|   |   |
|---|---|
| <input type="checkbox"/> Individual       | <input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Director's Relative<br><input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor<br><input type="checkbox"/> Individual Margin Trading A/c (Mantra) <input type="checkbox"/> Others (Specify) _____ |
| <input type="checkbox"/> NRI              | <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter<br><input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts <input type="checkbox"/> Others (Specify) _____   |
|   | RBI Ref. No. _____ RBI Approval Date _____  |
| <input type="checkbox"/> Non-Individual   | <input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII<br><input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____  |
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National-Depository Receipts <input type="checkbox"/> Others (Specify) _____   |

### A. NAME OF THE APPLICANT

|                             |                           |                       |                      |
|-----------------------------|---------------------------|-----------------------|----------------------|
| Trading Account Holder Name |                           |                       |                      |
| DP Holder Name              | Sole/First Holder Details | Second Holder Details | Third Holder Details |
|                             |                           |                       |                      |

### B. OTHER DETAILS

|   |  |  |  |
|---|--|--|--|
| SMS Facility  | (This facility is made mandatory to register Power of Attorney in demat account. Ensure that the mobile number is provided in the KYC Application Form.)   |  |  |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Gross Annual Income Details (please specify) Income Range per annum   | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac<br><input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac<br><input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore<br><input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore<br><input type="checkbox"/> > 10 Crore | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac<br><input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac<br><input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore<br><input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore<br><input type="checkbox"/> > 10 Crore | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac<br><input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac<br><input type="checkbox"/> 25-50 Lac <input type="checkbox"/> 50 Lacs to 1 Crore<br><input type="checkbox"/> 1-5 Crore <input type="checkbox"/> 5-10 Crore<br><input type="checkbox"/> > 10 Crore |
| <b>OR</b>   |  |  |  |
| Net-worth as on (date)  | Net worth _____ as on _____  | Net worth _____ as on _____  | Net worth _____ as on _____  |
| If Mobile #/Email id used belongs to a different person, specify the dependent relationship & PAN (Mark "SELF" in case of own Mobile #/Email id) (TICK correct one) | <b>Mobile</b>  | Self <input type="checkbox"/> Spouse <input type="checkbox"/><br>Dependent Child <input type="checkbox"/><br>Dependent Parent <input type="checkbox"/>   | Self <input type="checkbox"/> Spouse <input type="checkbox"/><br>Dependent Child <input type="checkbox"/><br>Dependent Parent <input type="checkbox"/>   |
|   | <b>Email</b>   | Self <input type="checkbox"/> Spouse <input type="checkbox"/><br>Dependent Child <input type="checkbox"/><br>Dependent Parent <input type="checkbox"/>   | Self <input type="checkbox"/> Spouse <input type="checkbox"/><br>Dependent Child <input type="checkbox"/><br>Dependent Parent <input type="checkbox"/>   |
| Please tick, if applicable  | <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP)  | <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP)  | <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP)  |
| Name of Employer/ Establishment with full address   |  |  |  |
| Designation   |  |  |  |
| Goods & Service Tax No.   |  |  |  |
| I declare that I don't have (In the case of trading account holder)   | <input type="checkbox"/> Mobile  | <input type="checkbox"/> Email   |  |



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder



**C. GUARDIAN DETAILS (in case the sole holder is a minor) - Applicable for Demat Account only**

|   |  |  |  |  |  |                           |   |   |   |   |   |   |   |   |  |  |  |
|---|--|--|--|--|--|---------------------------|---|---|---|---|---|---|---|---|--|--|--|
| Name                                    |  |  |  |  |  | PAN                       |   |   |   |   |   |   |   |   |  |  |  |
| Relationship (if any)                   |  |  |  |  |  | Date of Birth* (of Minor) | D | D | M | M | Y | Y | Y | Y |  |  |  |
| Address (Submit valid Proof of Address) |  |  |  |  |  |                           |   |   |   |   |   |   |   |   |  |  |  |

**D. STANDING INSTRUCTIONS**

|   |  |                             |
|---|--|-----------------------------|
| I/We authorise you to receive credits automatically into my/our account   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Account to be operated through Power of Attorney (PoA) (If yes, ensure SMS alert facility is opted.)                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Download of Email ID to Issuer/R&T Agent  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| I/We authorise you to send all communications/statements through the e-mail only*                                     | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| I/ We request you to enable my / our Depository account with Flag "Standing Instruction for Auto Pledge Confirmation" | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Address for communication / Corporate Benefits (Default option is Local Address)                                      | <input type="checkbox"/> Local/Permanent Address <input type="checkbox"/> Correspondence Address/Foreign Address |                             |
| *All communication shall be sent at the email ID/correspondence address of the Sole/First holder only.                |  |                             |


|  |  |                             |  |  |  |
|--|--|-----------------------------|--|--|--|
| Account Statement Requirement  | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |                             |  |  |  |
| I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____  | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |  |  |  |
| I/We would like to share the email ID with the RTA   | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |  |  |  |
| I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)  | <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic  |                             |  |  |  |
| I/We wish to receive dividend/interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |  |  |  |


|  |  |                             |                                      |
|--|--|-----------------------------|--------------------------------------|
| <b>Transactions Using Secured Texting Facility (TRUST)</b><br>Refer to Terms and Conditions Annexure 2.6 | I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                                      |
|  | I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.   |                             |                                      |
|  | <b>Stock Exchange Name/ID</b>  | <b>Clearing Member Name</b> | <b>Clearing Member ID (Optional)</b> |
|  |  |                             |                                      |
| <b>Easi</b>  | To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> .<br><b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.                              |                             |                                      |

**Additional Facility Details :**

|                           |  |                             |
|---------------------------|--|-----------------------------|
| <b>SMS Alert Facility</b> | <input type="checkbox"/> Yes MOBILE No.: +91-.....<br>If yes, please refer to Terms & Conditions given in Annexure-A (give us details thereon duly signed by all account holder/s)   | <input type="checkbox"/> No |
| <b>easi</b>               | <input type="checkbox"/> Yes<br>If yes, please provide us your valid email ID or register yourself for "easi" facility on CDSL's website <a href="http://www.cdslindia.com">www.cdslindia.com</a> and submit your registration form to Branch DP duly signed by account holder/s or contact your Branch DP for details.<br>[Facility through CDSL's website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> wherein a BO can view / print ISIN balances, transactions and value of the portfolio online.] | <input type="checkbox"/> No |

   
Signature of 1st Holder

   
Signature of 2nd Holder

   
Signature of 3rd Holder

**TRADING & DEMAT ACCOUNT RELATED DETAILS****FOR INDIVIDUALS & NON-INDIVIDUALS****BANK ACCOUNT DETAILS**

(Through which transactions will generally be routed)

**Primary Bank Details (for DP and Trading) :**Bank Name : Account No. :  Branch : Address :  Pin Code : MICR Code of Branch :  IFS Code : Account Type :  Savings  Current  NRE/NRO  OTHERS :  (Please Specify)Pay-Out Option :  Cheque  Fund Transfer  Bank Draft  CMS  NEFT  RTGS  As Per Group**Secondary Bank Details (for Trading, if any) :**Bank Name : Account No. :  Branch : Address :  Pin Code : MICR Code of Branch :  IFS Code : Account Type :  Savings  Current  NRE/NRO  OTHERS :  (Please Specify)UPI Id : Pay-Out Option :  Cheque  Fund Transfer  Bank Draft  CMS  NEFT  RTGS  As Per Group**TRADING PREFERENCE**

\*Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

| Exchanges    | NSE, BSE & MSEI          |                          |                          |                          | MCX, NCDEX<br>BSE & NSE  |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|              | Cash/Mutual Fund         | F&O                      | Currency                 | Debt                     | Commodity<br>Derivatives |
| All Segments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you do not wish to trade in any of segments / Mutual Fund, please mention here \_\_\_\_\_

**DEPOSITORY ACCOUNT DETAILS**

(Through which transactions will generally be routed.)

Depository Name :  CDSL  NSDL

Name of Depository Participant : \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_

DP ID : \_\_\_\_\_ Beneficiary ID (BOID) : \_\_\_\_\_

**PAST ACTIONS****Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partners / promoters / whole time directors / authorised persons in charge of dealing in securities during last three years.**

(Please Specify)

**DEALING THROUGH AUTHORISED PERSON AND OTHER STOCK BROKERS****If client is dealing through the Authorised Person, provide the following details :**

|                                   |       |
|-----------------------------------|-------|
| Name of the Authorised Person     | _____ |
| Authorised Person SEBI Regn. No.  | _____ |
| Authorised Person's Address       | _____ |
| Authorised Person's Phone/Fax No. | _____ |
| Authorised Person's Website       | _____ |

**Whether dealing with any other stock broker / Authorised Person (In case dealing with multiple stock brokers / Authorised Person, please provide details of all)**

|                                    |       |
|------------------------------------|-------|
| Name of the stock broker           | _____ |
| Name of Authorised Person (If any) | _____ |
| Client Code (UCC)                  | _____ |
| Exchange                           | _____ |

Details of disputes / dues pending from / to such stock broker / Authorised Person

(Please Specify)

**ADDITIONAL DETAILS****SMS and E-mail alerts to investors by stock exchanges :**  Yes  NoType of Facility  SMS Alert  E-mail Alert  Both**Whether you wish to receive :**  Physical Contract Note  Electronic Contract Note (ECN)

E-mail (If Applicable) : \_\_\_\_\_

**Whether you wish to avail of the facility of internet trading / wireless technology :**  Yes  No**Trading Experience / Number of Years of Investment** No Prior Investment Experience  \_\_\_\_\_ Years in Equities  \_\_\_\_\_ Years in Derivatives \_\_\_\_\_ Years in other Investment related fields**In case of Non-Individual, Name, Designation, PAN, UID, Signature, Residential Address and Photographs of persons authorised to deal in securities on behalf of the company / Firm/ others.***Please provide the details in Annexure A as per format attached*

**GST DETAILS (As applicable, Statewise)**

|                   |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| Legal Name        |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| Trade Name        |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| GSTIN             |  |  |  |  |  |  |  |  |  | Registration Date |  |  |  |  |  |  |  |  |  |
| Name of the State |  |  |  |  |  |  |  |  |  | State Code        |  |  |  |  |  |  |  |  |  |
| Other State GSTIN |  |  |  |  |  |  |  |  |  | Registration Date |  |  |  |  |  |  |  |  |  |
| Name of the State |  |  |  |  |  |  |  |  |  | State Code        |  |  |  |  |  |  |  |  |  |

**CATEGORIZATION IN COMMODITIES DERIVATIVES SEGMENTS**

| Categories   | Product Types                     |                                     |                                 |   |                              |
|--|-----------------------------------|-------------------------------------|---------------------------------|---|------------------------------|
| <input type="checkbox"/> Farmer / FPOs                             | <input type="checkbox"/> Bullions | <input type="checkbox"/> Base Metal | <input type="checkbox"/> Energy | <input type="checkbox"/> Agri Commodities | <input type="checkbox"/> All |
| <input type="checkbox"/> Value Chain Participants (VCPs)           | <input type="checkbox"/> Bullions | <input type="checkbox"/> Base Metal | <input type="checkbox"/> Energy | <input type="checkbox"/> Agri Commodities | <input type="checkbox"/> All |
| <input type="checkbox"/> Foreign Participant                       | <input type="checkbox"/> Bullions | <input type="checkbox"/> Base Metal | <input type="checkbox"/> Energy | <input type="checkbox"/> Agri Commodities | <input type="checkbox"/> All |
| <input type="checkbox"/> Domestic Financial Institutional Investor | <input type="checkbox"/> Bullions | <input type="checkbox"/> Base Metal | <input type="checkbox"/> Energy | <input type="checkbox"/> Agri Commodities | <input type="checkbox"/> All |
| <input type="checkbox"/> Other (Specify)                           | <input type="checkbox"/> Bullions | <input type="checkbox"/> Base Metal | <input type="checkbox"/> Energy | <input type="checkbox"/> Agri Commodities | <input type="checkbox"/> All |

**DETAIL OF INTRODUCER (OPTIONAL)**

Introduced by :  Existing Client  Sub-Broker  Remisier  Authorised Person  Others (Please Specify)

Name of Introducer : \_\_\_\_\_

Authorised Person Registration No. \_\_\_\_\_ UCC : \_\_\_\_\_ Employee Code : \_\_\_\_\_

PAN NO. : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_ City : \_\_\_\_\_

Pin : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_

Phone : \_\_\_\_\_

Signature of the Introducer : \_\_\_\_\_

**NOMINATION FORM - TRADING AND DEMAT ACCOUNTS**

(Annexure-A)

(To be filled in by individual applying singly or jointly)

**ELITE WEALTH LIMITED**

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk,  
Sector-61, Gurgaon - 122001, Haryana



|      |   |   |   |   |   |   |   |   |     |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|
| DATE | D | D | M | M | Y | Y | Y | Y | UCC |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|

|       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
| DP ID |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|

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 securities held in the Depository by me/us in the said beneficiary owner 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)<br>Mr./Ms.)  |   |                        |                        |
| 2.   | Share of each Nominee   | Equally<br>[If not equally, please specify percentage]<br>% | %                      | %                      |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i> |   |   |                        |                        |
| 3.   | Relationship with the Applicant (if any)  |   |                        |                        |
| 4.   | Address of Nominee(s)<br>City / Place<br>State / Country<br><br>PIN Code  |   |                        |                        |
| 5.   | Mobile/Telephone No. of Nominee(s)  |   |                        |                        |
| 6.   | Email ID of nominee(s)  |   |                        |                        |
| 7.   | Nominee Identification details -<br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR<br><input type="checkbox"/> Saving Bank A/c No.<br><input type="checkbox"/> Proof of Identity<br><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)}                               |  |  |  |
| 9.  | Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}                  |  |  |  |
| 10. | Address of Guardian(s)<br>City / Place<br>State / Country<br><br>PIN Code |  |  |  |
| 11. | Mobile/Telephone No. of Guardian  |  |  |  |
| 12. | Email ID of nominee(s)  |  |  |  |

|     |  |  |  |  |
|-----|--|--|--|--|
| 13. | Relationship of Guardian with nominee  |  |  |  |
| 14. | Guardian Identification details -<br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR<br><input type="checkbox"/> Saving Bank A/c No.<br><input type="checkbox"/> Proof of Identity<br><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, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

### DECLARATION FORM FOR OPTING OUT OF NOMINATION

(Annexure-B)

To,

#### ELITE WEALTH LIMITED

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk,  
Sector-61, Gurgaon - 122001, Haryana



www.elitewealth.in

|      |   |   |   |   |   |   |   |   |     |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|
| DATE | D | D | M | M | Y | Y | Y | Y | UCC |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|

|       |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|
| DP ID |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|


|                        |  |
|------------------------|--|
| Sole/First Holder Name |  |
| Second Holder Name     |  |
| Third Holder Name      |  |

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 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.

Signatures of Holder(s)



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

## DECLARATION




1. The rules and regulations of the Depository and Depository Participants/Capital Market pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules 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, 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. In case of nonresident account, I/we also declare that I / we have complied and will continue to comply with FEMA regulations.
  2. I/we understand and acknowledge the fact that I/we am/are at liberty to withdraw all or any of the information provided by me/us and the same shall be made by me/us in writing. I/we confirm and accept that such withdrawal shall entitle you to withdraw all or any of the services provided to me/us under the account opening documentation.
  3. 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.
  4. I/We further confirm having read and understood the contents of the "Standard Documents"
    - a) Rights and Obligations of stock broker, sub-broker and client for trading on Exchanges [including additional rights & obligations in case of internet/wireless technology based trading];
    - b) Rights and obligations of beneficial owner and depository participant as prescribed by SEBI and depositories ;
    - c) Uniform Risk Disclosure Documents [For all segments/exchanges] ;
    - d) Guidance note detailing Do's and Don'ts for trading on stock exchanges;

**Note:** The above mentioned documents [a, c,d] in the vernacular languages are available in our website.

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 .
  5. [In the case of clients who have opened only DP accounts] I/We confirm having read and understood the contents of the Standard Documents.
    - Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and Depositories.
  - 6.\* I/We also understand the "Additional Rights and Obligations for Broking and Other Products and services" and acknowledge that this is Voluntary [non-mandatory] document for availing value added products and services as provided by Elite Wealth and unconditionally agree to abide by the terms and conditions mentioned therein.
- \* Strikeout if not applicable

I/We would like to receive the copy of the KYC & Standard Documents:- Physical Mode  \*Electronic Mode

*[If you require the document through electronic mode please ensure that you have registered your email id with us].*

| Name of Account Holder(s)                 | Name of First Holder (Mr. / Mrs.)   | Name of Second Holder (Mr. / Mrs.)  | Name of Third Holder (Mr. / Mrs.)   |
|---|---|---|---|
|   |   |   |   |
| Signature(s)<br>(Full signature required) |  |  |  |

Place : .....

Date : .....

### ACKNOWLEDGEMENT FROM CLIENT FOR RECEIPT OF PHYSICAL DOCUMENTS

To,  
**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road, Near Rajesh Pilot Chowk, Sector-61 Gurgaon - 122001




Date.....

Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

| First / Sole Holder Signature   | Second Joint Holder Signature<br>(only for DP account)                              | Third Joint Holder Signature<br>(only for DP account)                                 |
|---|---|---|
|  |  |  |

**INTIMATION BY THE MEMBER FOR PROPRIETARY TRADING**

Dear Constituent,

Under instruction of SEBI, The National Stock Exchange Ltd. (NSE) / Bombay Stock Exchange Ltd. (BSE) / Multi Commodity Exchange of India Ltd. (MCX) / National Commodity & Derivative Exchange Ltd. (NCDEX) has directed all its members to inform their clients whether they engage in proprietary trading in this regard we wish to inform you that we do engage in proprietary trading in the Cash, F&O Segment and Currency Derivatives Segment of NSE, Cash and F&O Segment of BSE.

Kindly take note of the above and oblige.

Thanking You  
For **Elite Wealth Limited**

I/We have read the above letter



Client Signature

Authorised Signatory

**FOR OFFICE USE ONLY**

I. Client Categorization Under PMLA     LOW RISK     MEDIUM RISK     HIGH RISK

UCC :

Client Category : \_\_\_\_\_

Client Group : \_\_\_\_\_

|   | <b>Documents Verified with Originals / Client Interviewed By / In-Person Verification Done By</b> |
|---|---|
| <b>Name of the Employee / AP</b>        |   |
| <b>Employee / AP Code</b>               |   |
| <b>Designation of the Employee / AP</b> |   |
| <b>Date</b>                             |   |
| <b>Signature</b>                        |   |

I/We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document(s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

**FOR & ON BEHALF OF Elite Wealth Limited**

Name :

Signature :

Date :

(Seal / Stamp of Elite Wealth Limited)



## TARIFF SHEET

### EQUITY SEGMENT

| Brokerage Slab | Slab in % | Minimum per Share |
|----------------|-----------|-------------------|
| Delivery Based |           |                   |
| Intra Day      |           |                   |

### F & O SEGMENT

| Brokerage Slab | Slab in % | Minimum per Lot |
|----------------|-----------|-----------------|
| Future         |           |                 |
| Options        |           |                 |
| Delivery       |           |                 |

### CURRENCY DERIVATIVES SEGMENT

| Brokerage Slab | Slab in % | Minimum per Lot |
|----------------|-----------|-----------------|
| Future         |           |                 |
| Options        |           |                 |

|                       | MCX    |         |                 | NCDEX  |         |                 |
|-----------------------|--------|---------|-----------------|--------|---------|-----------------|
|                       | NORMAL | PER LOT | MINIMUM PER LOT | NORMAL | PER LOT | MINIMUM PER LOT |
| Future - Delivery     |        |         |                 |        |         |                 |
| Future - Non Delivery |        |         |                 |        |         |                 |
| Options               |        |         |                 |        |         |                 |

**Note :**

- All legal levies such as CTT, STT, Stamp duty, GST, Sebi Fees, Exchange turnover charges, clearing member charges, contribution towards investor protection fund and all other levies shall be charged at the rates applicable from time to time in addition to the brokerage stated above
  - Trading terminal licence fee/software usage charges shall be charged separately @ \_\_\_\_\_ % of turnover or @ Rs. \_\_\_\_\_ per segment per month wherever applicable.
  - Minimum Service Charge for trading day will be Rs. 25/-
  - Charges/service standards are subject to revision at sole discretion of Elite Wealth Limited.
  - Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
  - Penalty for delay in payment of settlement/ margin obligation shall be charged @18% p.a. on daily outstanding balance till settled in full.
- I/We have the above given information and agree to pay the charges / levies mentioned above.



Client Signature

To, (VOLUNTARY)

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

Dear Sir,

I \_\_\_\_\_ a client with M/S. **ELITE WEALTH LIMITED** member of Exchange undertakes as follows:

- I am aware that the member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the member has to provide electronic contract note for my convenience on my request only.
- Though the member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out/ ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operation.
- My email id is\* \_\_\_\_\_. This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.
- This authorization provided by me shall continue and remain valid until revoked by me by giving a notice in writing.

**The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.**

\*(The email id must be written in own handwriting of the client)

Client Name: \_\_\_\_\_

Unique Client Code : \_\_\_\_\_

PAN: \_\_\_\_\_

Address : \_\_\_\_\_

Date : \_\_\_\_\_ Place: \_\_\_\_\_

Verification of the client signature done by,

Name of the designated officer of the Member \_\_\_\_\_

Signature \_\_\_\_\_

## RUNNING ACCOUNT AUTHORISATION

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

Date.....

### Sub : Running Account Authorisation

I/We are dealing through you as a client in Capital Market / Future & Option Segment / Currency Segment / Commodity Segment and/or Interest Rate Future Segment & in order to facilitate ease of operations and upfront requirement or margin for trade.

I/We authorize you as under:

1. I/We request you to 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) of any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you otherwise.
2. I/We request you to settlement of my fund after making necessary retention as per frequency option given below:-

Once in a calender Month

Once in every calender Quarter

except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.

3. I/We confirm you that I/We shall bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
4. This Running account authorization would continue until it is revoked by me by giving a notice in writing.



Client Signature

**LETTER OF AUTHORITY**

To,

**Elite Wealth Limited**

Date.....

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

**Sub : Letter of Authority - NSE/BSE/MCX/NCDEX (All Segment)**

I/We am/are dealing in securities with you at NSE/BSE/MCX/NCDEX in Capital Market Segment, F&O Segment, Currency Derivatives Segment and/or Commodity Derivative Segment and in order to facilitate ease of operations. We authorize you as under :

**1. Delivery of order/ trade confirmation/ cancellation:**

- a. I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.
- b. I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

**2. Electronic Mode of delivery:**

- a. I/We request that you may send/ Dispatch me contract notes other documents through E-mail on my designated E-mail address of..... I/We stress that I/we will not hold you responsible under any circumstances in the event of an E-mail which you send gets bounced due to any reason such as mail box being full, inactive account or due to any technical reason beyond your control.
- b. Log Report : I/We will completely rely on the log reports of your dispatching software as a conclusive proof of dispatch of E-mail to me and will not dispute the same.
- c. Change in E-mail Id: I/We will inform you any change in my E-mail, if any, in future, by written request or through E-mail from my registered email address.

**3. Fines & Penalties:**

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my trading account.

**4. Charges & Balance Maintenance:**

I/We have a Trading As well as depository relationship with Elite Wealth Limited Please debit the charges relevant with depository services and courier charges for sending additional physical contract notes & other documents from my/our trading account, as & when applicable. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

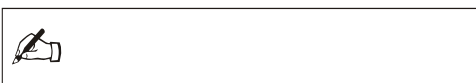
I/We am/are aware that I/We may not opt for any of the above authorisation by striking off the same. Further, I/We am /are aware that above authorisation is voluntary on my/our part and that I/We can revoke this authorisation at any point of time by giving you a notice in writing.

\* Strike off the clauses not relevant to you.

Thanking you,

Yours faithfully,

**For and On Behalf of Constituent**



Client Signature

Name : \_\_\_\_\_

**UNDERTAKING FOR NOT EXCEEDING POSITION CLIENTS - MCX / NCDEX**

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

**SUB: MY/OUR REQUEST FOR TRADING IN COMMODITY FORWARD CONTRACTS/  
COMMODITY DERIVATIVES ON MCX/NCDEX AS YOUR CLIENT**

I/ We, .....an Individual/ Sole Proprietor/ Partnership Firm/ Company registered/ incorporated, under the provisions of the Indian Partnership Act, 1932/ The Companies Act, 1956 having his/her/ its Office/ Residence at .....with Client code .....do hereby confirm that I/ We am/are /was/were doing trading with other member of MCX/NCDEX the details of my client code and member Id where I am / was trading are as under:-

Client Code ..... Member Id .....

I/ We, also undertake that I/ We am/are /was/were not violating and undertake that we will not violate open interest limit of prescribed by SEBI / Exchange from time to time and the limit calculated as per guidelines for calculation of net open position limit as per guidelines for calculation of net open position limit as per circular No. MCX/ 338/ 2006 dated August 21, 2006, MCX / 541/2006 dated December 7, 2006 and circular No. NCDEX/TRADING-114/ 2006/247 dated September 28, 2006 and modified thereafter from time to time.

I/ We also confirm that my/our account (with client code.....) in your Company may be debited with the amount of penalty imposed by MCX/NCDEX for violating of norms of open position limits whenever any consequences arises.

Client Signature

Client Name:.....

Client Code:.....

Individual/Partner/Director/Karta/Trustee\*

\* Strike off which is not applicable





www.elitewealth.in

# FATCA & CRS Declaration - Non Individual

PAN  Trading Code  DP Code

Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No  
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Sr. No. | Country | Tax Identification Number* | Identification Type (TIN or Other, please specify) |
|---------|---------|----------------------------|--|
| 1.      |         |                            |  |
| 2.      |         |                            |  |
| 3.      |         |                            |  |

In case Tax Identification Number is not available, kindly provide its functional equivalent.  
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution  or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable)

Applied for  Not obtained – Non-participating FI

Not required to apply for - please specify 2 digits sub-category  (Refer 1 A of Part C)

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C) Yes  (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C) Yes  (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company   
Nature of relation:  Subsidiary of the Listed Company or  Controlled by a Listed Company Name of stock exchange

3. Is the Entity an active NFE (Refer 2c of Part C) Yes  Nature of Business   
Please specify the sub-category of Active NFE  (Mention code – refer 2c of Part C)


4. Is the Entity a passive NFE (Refer 3(ii) of Part C) Yes  Nature of Business

### UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Public Charitable Trust  Religious Trust  Private Trust  Others (please specify )

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

| Details  | UBO1   | UBO2   | UBO3   |
|--|--|--|--|
| Name of UBO  |  |  |  |
| UBO Code (Refer 3(iv) (A) of Part C)   |  |  |  |
| Country of Tax residency*  |  |  |  |
| PAN #  |  |  |  |
| Address  | Zip <input type="text"/><br>State: _____<br>Country: _____   | Zip <input type="text"/><br>State: _____<br>Country: _____   | Zip <input type="text"/><br>State: _____<br>Country: _____   |
| Address Type   | <input type="checkbox"/> Residence <input type="checkbox"/> Business<br><input type="checkbox"/> Registered office | <input type="checkbox"/> Residence <input type="checkbox"/> Business<br><input type="checkbox"/> Registered office   | <input type="checkbox"/> Residence <input type="checkbox"/> Business<br><input type="checkbox"/> Registered office |
| Tax ID %   |  |  |  |
| Tax ID Type  |  |  |  |
| City of Birth  |  |  |  |
| Country of birth   |  |  |  |
| Occupation Type  | <input type="checkbox"/> Service <input type="checkbox"/> Business<br><input type="checkbox"/> Others _____        | <input type="checkbox"/> Service <input type="checkbox"/> Business<br><input type="checkbox"/> Others _____  | <input type="checkbox"/> Service <input type="checkbox"/> Business<br><input type="checkbox"/> Others _____        |
| Nationality  |  |  |  |
| Father's Name  |  |  |  |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others                      | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others                      |
| Date of Birth  | DD/MM/YYYY   | DD/MM/YYYY   | DD/MM/YYYY   |
| Percentage of Holding (%) <sup>§</sup>   |  |  |  |
| <p>* To include US, where controlling person is a US citizen or green card holder</p> <p><sup>†</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.</p> <p><sup>‡</sup> In case Tax Identification Number is not available, kindly provide functional equivalent</p> <p><sup>§</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary</p> |  |  |  |
| <b>DECLARATION</b>   |  |  |  |
| <p>I have read and understood the information requirements and the Terms &amp; Conditions mentioned in this Form (read along with FATCA &amp; CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Elite Wealth Limited for any modification to this information promptly.</p> <p>I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA &amp; CRS on Automatic Exchange of Information (AEOI).</p>  |  |  |  |
| Name   |  |  |  |
| Designation  |  |  |  |
| Client Signature   |                                 | 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"/> | Place : <input type="text"/>   |
| <p>For Investor convenience, Elite Wealth Limited collecting this mandatory information for updating across all Group Companies of Elite Wealth Limited whether you are already an investor or would become an investor in future.</p> <p>Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Elite Wealth Limited branch or you can dispatch the hard copy to-</p> <p><b>Elite Wealth Limited</b><br/> <b>S-8, DDA Shopping Complex,</b><br/> <b>Mayur Vihar Phase-1, Delhi-110091</b></p>   |  |  |  |
| • For Detail Terms & Conditions please visit <a href="http://www.elitewealth.in">www.elitewealth.in</a>  |  |  |  |



**DDPI****(For Operating Beneficiary Account)**

I/We..... have been /shall be dealing through you as my/our broker on various Stock exchanges(s) such as NSE/BSE/MCX/NCDEX and as my /our Depository Participant (DP) with respect to my /our Trading Account opened /to be opened under captioned Unique Client code (UCC) and Demat /beneficial owner (BO) account opened /to be opened & mapped with my/out said Trading account. I/We authorize you to follow these instructions across exchanges & across segments in which I/We have already opened accounts with you or I/We may open account in future. As my/our Broker i.e agent & or DP. I/We direct and authorize you to carry out dealings on my/our behalf as per instructions given below.

For my/our convenience & in order to facilitate the proper execution of all transactions by me/us in pursuant to agreement(s)

Entered /to be entered with M/S Elite Wealth Ltd. I/We hereby agree & authorize EWL to operate my/our Demat /BO account (s) Opened /to be opened and mapped with MY/OUR AFORESAID Trading account to transfer/pledge/re-pledge/de-pledge securities from my/our BO account(s) only EWL BO account and /or Exchange(s) related pool and Margin Account of EWL specified here in below.

| Exchange | Depository | CM BP ID | DP ID    | Account No.      | Account Type         |
|----------|------------|----------|----------|------------------|----------------------|
| NSE      | NSDL       | IN558002 | IN301670 | 10000172         | Pool Account         |
| NSE      | CDSL       |          |          | 1206680000000051 | Pool Account         |
| NSE      | CDSL       |          |          | 1100001100020472 | NSE Early Pay-in A/c |
| BSE      | NSDL       | IN631626 | IN301670 | 10113703         | Pool Account         |
| BSE      | CDSL       |          |          | 1206680000000032 | Pool Account         |
| BSE      | CDSL       |          |          | 1100001000013101 | BSE Early Pay-in A/c |

| Depository  | TM/CM-Client Securities Margin Pledge Account | DP ID    | Account No. |
|-------------|---|----------|-------------|
| ALL SEGMENT |   |          |             |
| NSDL        | TM/CM-Client Securities Margin Pledge Account | IN301670 | 10369816    |
| CDSL        | TM/CM-Client Securities Margin Pledge Account | 12066800 | 00012918    |

Please further note that while I /We am/are entitled to the revoke this DDPI authorization at any time, by sending signed physical letter of revocation, through Regd/Speed post at your abovementioned address. I/We agree that till the time my/our revocation request will be processed and updated in your records, EWL will continue to be authorized to transfer/pledge/re-pledge/de-pledge securities under this DDPI authorization against my/our obligations, if any, in my/our captioned trading /demat account.

I/We shall be liable for all the loses, damages and actions which my arises a consequence of your adhering to and carrying out my/our directions given above and further agree that you shall not be liable for any claim what so ever, or for any consequential, incidental, special or exemplary damages, caused by transfer/pledge/re-pledge/de-pledge of securities under this DDPI authorization FOR THE FOLLOWING PURPOSES.


|           |   |
|-----------|---|
| Purpose 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                       |
| Purpose 2 | Pledging / re-pledging of securities in favour of M/S Elite Wealth Ltd as a 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. |
| Purpose 3 | Mutual Fund transactions being executed on Stock Exchange order entry platforms   |
| Purpose 4 | Tendering shares in open offers through Stock Exchange platforms  |



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

## PRICE STRUCTURE FOR BENEFICIARY ACCOUNT

(Applicable with effect from 01-03-2022)

| SERVICES |   | Scheme A  | Scheme B  | Scheme C  | Scheme D (Only for Individual)  |          |
|----------|---|---|---|---|---|----------|
| 1.       | Account Opening Charges   | NIL   | NIL   | NIL   | NIL   |          |
| 2.       | Custody Fee   | NIL   | NIL   | NIL   | NIL   |          |
| 3.       | Annual Maintenance Charges  | Rs. 960/- for Life Time (Only Individual)   | Rs. 485/- p.a. (Individual)   | Rs. 335/- p.a. (Individual)   | For Debt Securities :<br>Upto Rs. 1,00,000 - No AMC<br>Rs. 1,00,001 to 2,00,000 - Maximum Rs. 100       |          |
|          |   | Rs. 960/- p.a. (Corporate)  | Rs. 960/- p.a. (Corporate)  | Rs. 960/- p.a. (Corporate)  | For other than Debt Securities:<br>Upto Rs. 50,000 - No AMC<br>Rs. 50,001 to 2,00,000 - Maximum Rs. 100 |          |
| 4.       | Dematerialisation Charges (Upfront)   | Rs. 5/- per Certificate   | Rs. 5/- per Certificate   | Rs. 5/- per Certificate   | Rs. 5/- per Certificate   |          |
| 5.       | Purchase (Credit Charges) (Per Transaction)   | NIL   | NIL   | NIL   | NIL   |          |
| 6.       | Market & Off Market (Debit per Transaction)   | Market Trades   | Rs. 25/- per transaction for POA/Speed-e client   | Rs. 30/- per transaction for POA/Speed-e client   | Rs. 35/- per transaction for POA/Speed-e client   | Rs. 60/- |
|          |   |   | Rs. 35/- per transaction for Non POA/Speed-e client                                       | Rs. 40/- per transaction for Non POA/Speed-e client                                       | Rs. 45/- per transaction for Non POA/Speed-e client   |          |
|          |   | Off-Market Trades   | Rs. 35/- per transaction (From EWAL DP to EWAL DP)  | Rs. 40/- per transaction (From EWAL DP to EWAL DP)  | Rs. 45/- per transaction (From EWAL DP to EWAL DP)  |          |
|          |   |   | Rs. 40/- or .01% of current market value (whichever is higher)                            | Rs. 45/- or .01% of current market value (whichever is higher)                            | Rs. 50/- or .01% of current market value (whichever is higher)  |          |
| 7.       | Normal Pledge (LAS) (Pledge Creation/Closure/Invocation-Charges Per ISIN)   | Rs. 70/-  | Rs. 70/-  | Rs. 70/-  | Rs. 70/-  |          |
| 8.       | Margin Pledge/Replege/unpledge  | Rs. 25/-  | Rs. 25/-  | Rs. 25/-  | Rs. 25/-  |          |
| 9.       | Instruction Booklet First   | Free  | Free  | Free  | Free (only Two Leaf)  |          |
|          | Subsequent (For 20 Leaf)  | Rs. 30/-  | Rs. 30/-  | Rs. 30/-  | Rs. 30/-  |          |
| 10.      | Rematerialisation Charges (Per Certificate)   | Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)   | Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs) | Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs) | Rs. 50/- or Rs. 50 every 100 Securities (whichever is higher) (Maximum Cap of Rs. 5 Lacs)               |          |
| 11.      | Speed-E Annual Maintenance Charges (Optional)   |   |   |   |   |          |
|          | 1. For Password User<br>2. For Smart Card User  | Rs. 250/- p.a.<br>Rs. 300/- p.q.  | Rs. 250/- p.a.<br>Rs. 300/- p.q.  | Rs. 250/- p.a.<br>Rs. 300/- p.q.  | Rs. 250/- p.a.<br>Rs. 300/- p.q.  |          |
| 12.      | Other Charges :-<br>1. Courier Charges per Co. (Upfront)<br>2. Modification of Account Detail<br>3. Demat Rejection Charges<br>4. GST or any other Tax shall be applicable. | - Rs. 55/- upto 25 Certificate and thereafter for every 25 Certificate Rs. 55/- Extra.<br>- Rs. 50/- per request<br>- Rs. 55/- Postal Charges |   |   |   |          |

### Notes :-

- In case Account Holder has not selected any of the above schemes then by default, Scheme A shall be applicable.
- Any Hardware, Software cost for Speed-E like Smart Card etc. shall be done by the account holder.
- Charges / Services are subject to revision by given not less than 30 days notice at the sole discretion of Elite Wealth Limited
- \*The individual shall have only one BSDA in his/her name across all depositories.
- \*Value of securities held in demat account shall not exceed Rupees Two Lakhs at any point of time.
- \*If value of holding exceeds Rs. 2,00,000/-, account will be converted in to normal account under scheme C however Client has an option.

I/We have accepted & understood the terms & conditions mentioned above.



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

## TERMS AND CONDITIONS-CUM-REGISTRATION / MODIFICATION FORM FOR RECEIVING SMS ALERTS FROM CDSL

### Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

### Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

### Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

**Fees:**

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

**Disclaimer:**

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and

keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

**Governing Law and Jurisdiction:**

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/ transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I/ We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of Registration / modification (Please cancel out what is not applicable).

BOID

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 6 | 6 | 8 | 0 | 0 |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : \_\_\_\_\_ Second Holder's Name \_\_\_\_\_ Third Holder's Name \_\_\_\_\_

Mobile Number on which message are to be sent

|     |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|
| +91 |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|

(Please write only ONE valid email ID on which communications; if any, is to be sent)

The mobile number is registered in the name of : \_\_\_\_\_

Email ID : \_\_\_\_\_

(Please write only ONE valid email ID on which communications; if any, is to be sent)



Signature of 1st Holder



Signature of 2nd Holder



Signature of 3rd Holder

Place : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

## OPTION FOR ISSUANCE OF DIS BOOKLET ALONGWITH ACCOUNT OPENING

(To be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Service Demat Account)



# Elite Wealth Limited

(Depository Participant with NSDL & CDSL)

SEBI Regn. No. : NSDL (DP IN 301670) & CDSL (12066800) IN-DP-133-2015

### Name(s) of Account Holder(s)

Sole/First Holder

Second Holder

Third Holder

### Option for Issue of DIS Booklet (Please tick any one)

**Option 1**

I / We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

**Option 2**

I/We do not wish to receive the DIS booklet with account opening, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

| Beneficial Owner  | Name | Signature with Date |
|-------------------|------|---------------------|
| Sole/First Holder |      |                     |
| Second Holder     |      |                     |
| Third Holder      |      |                     |

**DECLARATION BY HUF**

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

As our HUF firm wishes to open an account with you DP in the said name .....  
we beg to say that the first signatory to this letter i.e., ..... is the Karta of the Joint  
Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto  
in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the  
said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the  
Karta, including the share of minor co-parceners

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under  
the said Act.

We hereby undertake to inform the DP of the death or birth of a co-parcener of any change occurring at any time in the membership of  
our joint family during the currency of the account.

Name & signature of Karta

Name..... Signature.....

**Name & Signature of Adult Co-parceners (Use Annexure for additional Members)**

| S. No. | Name | PAN | Signature |
|--------|------|-----|-----------|
| 1.     |      |     |           |
| 2.     |      |     |           |
| 3.     |      |     |           |
| 4.     |      |     |           |

**Name & Date of Birth of Minor-Co-parceners**

| S. No. | Name | Date of Birth | Signature |
|--------|------|---------------|-----------|
| 1.     |      |               |           |
| 2.     |      |               |           |
| 3.     |      |               |           |
| 4.     |      |               |           |

## DECLARATION FOR NIR

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

"I hereby declare that I have authorised Elite Wealth Limited to share my KYC details available in the Demat Account Opening Form along with KYC documents / information with NSDL National Insurance Repository (NIR) for opening e-Insurance Account (eIA). I hereby give my consent for the same. I would like to receive my insurance policy and all the information related to the insurance policy through NIR. I wish to state that I do not have e-Insurance Account with NIR or any other Insurance Repository to best of my knowledge and belief. I hereby authorise to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me."

PAN: \_\_\_\_\_

Customer / Client Id: \_\_\_\_\_

Client Name: \_\_\_\_\_

 \_\_\_\_\_

Client Signature

**DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF**

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

Date : .....

I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_  
\_\_\_\_\_, refer to my Trading Account  
\_\_\_\_\_ with Elite Wealth Limited (EWL) do hereby affirm, declare and undertake that

1. That my name as it appear on my trading account is \_\_\_\_\_
2. That my name as it appears on my demat account is \_\_\_\_\_
3. That my name as it appears on the Income Tax website is \_\_\_\_\_
4. That my name as it appears on the Address proof is \_\_\_\_\_
5. That my name as it appears on my Pan Card is \_\_\_\_\_
6. That my name as it appears on the Bank Proof is \_\_\_\_\_
7. That above mentioned names, on Trading account, Demat account, Tax website, Address proof, PAN Card No. \_\_\_\_\_ and Bank account bearing no. \_\_\_\_\_ are mine alone.
8. That I hereby request EWL to maintain my name in Demat and Trading account as per the name appearing on the website / PAN card.
9. That I promise and undertake to get my PAN card altered in accordance with my name as appearing on the Income tax within reasonable time from the date of signing this undertaking. EWL may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within reasonable time of signing this undertaking.
10. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website week from the date of signing this undertaking.
11. I further undertake that in case my name has been changed after approval from government authorities and notification gazette. I shall get the name change effected in PAN, Bank account etc. and furnish immediately to EWL.
12. That I further declare that I am responsible and I shall indemnify & keep indemnified EWL, its directors, officers, employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer, dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum- undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me to EWL is by my absolute free will and coercion, undue influence, pressure etc., and at present I am having sound health and mind.



Client Signature

Client Name: \_\_\_\_\_



**DECLARATION BY SALES PERSON / AUTHORISED PERSON**

To,

**Elite Wealth Limited**

Casa Picasso, Golf Course Extension Road,  
Near Rajesh Pilot Chowk, Sector-61  
Gurgaon - 122001, Haryana

Dear Sir,

This is with reference to the trading account under consideration in the name of.....  
R/o....., I declare that I have met the above captioned person personally & have verified copy of under mentioned KYC documents with original, which is enclosed with account opening form.

Further I also confirm that client has signed and executed the form, stamp papers with enclosures in my presence.

The following KYC documents are checked and verified from the original documents :

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

Date of verification of documents :.....

The above statement is true and correct and made under my own free mind without having any coercion, misrepresentation or fraud.

Name of the person :.....

Signature :.....

Employee / Authorised Person



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**ONLINE MUTUAL FUND APPLICATION FORM**



# Elite Wealth Limited

|  |  |                           |                            |                           |    |
|--|--|---------------------------|----------------------------|---------------------------|----|
| Broker/Agent Code ARN:   |  | SUB-BROKER:               |                            | EUIN:                     |    |
| <b>Unit Holder Information</b>   |  |                           |                            |                           |    |
| <b>Name of the First Applicant :</b>   |  |                           |                            |                           |    |
| PAN Number :   |  | KYC:                      |                            | Date of Birth :           |    |
| Father Name :  |  |                           | Mother Name :              |                           |    |
| Name of Guardian :   |  |                           | PAN :                      |                           |    |
| <b>Contact Address :</b>   |  |                           |                            |                           |    |
| City :   |  | Pincode :                 |                            | State :                   |    |
| Tel.(Off) :  |  | Tel.(Res) :               |                            | Email :                   |    |
| Fax (Off) :  |  | Fax (Res) :               |                            | Mobile :                  |    |
| Income Tax Slab/Networth :   |  |                           | Occupation Details         |                           |    |
| Place of Birth :   |  |                           | Country of Tax Residence : |                           |    |
| Tax Id No. :   |  |                           |                            |                           |    |
| Politically exposed person / Related to Politically exposed person etc.?   |  |                           |                            | Yes                       | No |
| Mode of Holding :  |  |                           | Occupation :               |                           |    |
| <b>Name of Second Applicant :</b>  |  |                           |                            |                           |    |
| PAN Number :   |  | KYC:                      |                            | Date of Birth :           |    |
| Income Tax Slab/Networth :   |  |                           | Occupation Details         |                           |    |
| Place of Birth :   |  |                           | Country of Tax Residence : |                           |    |
| Tax Id No. :   |  |                           |                            |                           |    |
| Politically exposed person / Related to Politically exposed person etc.?   |  |                           |                            | Yes                       | No |
| <b>Name of Third Applicant :</b>   |  |                           |                            |                           |    |
| PAN Number :   |  | KYC:                      |                            | Date of Birth :           |    |
| Income Tax Slab/Networth :   |  |                           | Occupation Details         |                           |    |
| Place of Birth :   |  |                           | Country of Tax Residence : |                           |    |
| Tax Id No. :   |  |                           |                            |                           |    |
| Politically exposed person / Related to Politically exposed person etc.?   |  |                           |                            | Yes                       | No |
| <b>Other Details of Sole/ 1st Applicant</b>  |  |                           |                            |                           |    |
| <b>Overseas Address :</b><br>(In case of NRI investor)   |  |                           |                            |                           |    |
| City :   |  | Pincode :                 |                            | Country :                 |    |
| <b>Bank Mandate Details</b>  |  |                           |                            |                           |    |
| Name of Bank :   |  |                           | Branch :                   |                           |    |
| A/C No. :  |  | A/c Type                  |                            | IFSCCode:                 |    |
| <b>Bank Address :</b>  |  |                           |                            |                           |    |
| City :   |  | Pincode :                 |                            | State :                   |    |
|  |  |                           |                            | Country :                 |    |
| <b>Nomination Details</b>  |  |                           |                            |                           |    |
| Nominee Name :   |  |                           | Relationship :             |                           |    |
| Guardian Name (If Nominee is Minor) :  |  |                           |                            |                           |    |
| <b>Nominee Address :</b>   |  |                           |                            |                           |    |
| City :   |  | Pincode :                 |                            | State :                   |    |
| <b>Declaration and Signature</b>   |  |                           |                            |                           |    |
| I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us. |  |                           |                            |                           |    |
| Date :   |  |                           | Place :                    |                           |    |
|  |  |                           |                            |                           |    |
| 1st applicant Signature :  |  | 2nd applicant Signature : |                            | 3rd applicant Signature : |    |



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**NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM**

Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size

|  |  |  |
|--|--|--|
| Select your Central Recordkeeping Agency (CRA) [ Please tick ( ) ] | NSDL e-Governance Infrastructure Ltd. <input type="checkbox"/> | Karvy Computershare Pvt. Ltd. <input type="checkbox"/> |
|--|--|--|

|   |  |   |   |
|---|--|---|---|
| Please select your category [ Please tick ( ) ] | Central Govt. All Citizen Model <input type="checkbox"/> | State Govt. Corporate Sector <input type="checkbox"/> | NPS Lite (GDS) <input type="checkbox"/> |
|---|--|---|---|

To,  
National Pension System Trust.  
Dear Sir/Madam,  
I hereby request that an NPS account be opened in my name as per the particulars given below:

\* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)  
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

|   |                                     |
|---|-------------------------------------|
| KYC Number (if applicable)              | Generated from Central KYC Registry |
| Retirement Adviser Code (If applicable) |                                     |

**1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri  Smt.  Kumari

First Name\*

Middle Name

Last Name

Subscriber's Maiden Name (if any)

Father's Name\*  F i r s t  M i d d l e  L a s t

(Refer Sr. No. 1 of instructions)

Mother's Name\*  F i r s t  M i d d l e  L a s t

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick ( ) ]

Date of Birth\*  d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof)

City of Birth\*

Country of Birth\*

Gender\* [ Please tick ( ) ] Male  Female  Others  Nationality\* In-Indian

Marital Status\* Married  Unmarried  Others

Spouse Name\*  F i r s t  M i d d l e  L a s t

(Refer Sr. No. 1 of instructions)

Residential Status\* Indian

**2. PROOF OF IDENTITY (PoI)\*** (Any one of the documents need to be provided along with the identification number)

Passport  Passport Expiry Date  d d / m m / y y y y

Voter ID Card  PAN Card

Driving License  Driving License Expiry Date  d d / m m / y y y y

NREGA JOB Card

Others  Name of the ID  I D N u m b e r Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

| 3. PROOF OF ADDRESS (PoA)*  | Correspondence Address  | Permanent Address   |
|---|---|---|
| [ Please tick ( ), as applicable ]                                      | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others |
| #Not more than 3 months old. Please refer Sr. No. 2 of the instructions | Registered Lease/Sale agreement of residence  | Registered Lease/Sale agreement of residence  |
|   | #Latest Gas/Electricity/Telephone[Landline] Bill  | #Latest Gas/Electricity/Telephone[Landline] Bill  |

**4.1 CORRESPONDENCE ADDRESS DETAILS\***

Address Type\* Residential/Business  Residential  Business  Registered Office  Unspecified

Flat/Room/Door/Block no.  Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District  PIN Code

State/U.T.  C o u n t r y

**4.2 PERMANENT ADDRESS DETAILS\***  Tick ( ) in the box in case the address is same as above.

Address Type\* Residential/Business  Residential  Business  Registered Office  Unspecified

Flat/Room/Door/Block no.  Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District  PIN Code

State/U.T.  C o u n t r y





**13. DECLARATION BY EMPLOYER**

**Applicable to Government Subscribers only**

**(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

Date of Joining  Date of Retirement

Employee Code/ID (If applicable)

PPAN (If applicable)

Group of Employee (Tick as applicable) Group A  Group B  Group C  Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

Basic Pay

Pay Scale

It is certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

|   |   |   |  |
|---|---|---|--|
|   |   |   |  |
| Signature of the Authorised person<br>(In the box above)  | Rubber Stamp of the DDO<br>(In the box above) | Signature of the Authorised person<br>(In the box above)  | Rubber Stamp of the DTO/PAO/CDDO/<br>DTA/PrAO (In the box above) |
| Designation of the Authorised Person <input type="text"/> |   | Designation of the Authorised Person <input type="text"/> |  |
| Name of the DDO <input type="text"/>                      |   | Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>        |  |
| Deptt/Ministry <input type="text"/>                       |   | Date <input type="text" value="d d / m m / y y y y"/>     |  |

**14. DECLARATION BY EMPLOYER/ CORPORATE**

**Applicable to Corporate Subscribers only**

**(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

Date of Joining  Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date  Place

|   |  |
|---|--|
|   |  |
| Signature of the Authorised person (In the box above)     |  |
| Designation of the Authorised Person <input type="text"/> | Rubber Stamp of the Corporate (In the box above) |



**15. TO BE FILLED BY POP-SP**

Receipt No. (17 digits)  POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES  NO  KYC Compliance YES  NO

Documents Received:  (Originals Verified) Self Certified  (Attested) True Copies

Identity Verification :  Done

**Existing Bank Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum .....is an existing customer of the Bank having fully operative Saving Bank account no.....at.....branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum .....is not a 'Basic Savings Bank Deposit Account'

**Adhaar Based KYC Certificate:**

I/we hereby certify that Aadhaar Number .....of Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| To be filled by POP-SP |                                   | Name:  |
|                        |                                   | Designation: <span style="float: right;">Place:</span> |
| POP-SP Seal            | Signature of Authorized Signatory | Date <input type="text"/>                              |

**[To be filled by CRA - Facilitation Centre (CRA-FC)]**

Received by  CRA-FC Registration Number

Received at  Date

Acknowledgement Number (by CRA-FC)

PRAN Alloted

**ACKNOWLEDGEMENT**

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/POP:



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**NACH/ECS/AUTO DEBIT  
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE  
MODIFY  
CANCEL

I/We hereby authorize **BSE Limited**

to debit (tick ✓)  SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented

DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

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

To

Or  Until Cancelled

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- 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.



## CHECK LIST FOR CLIENT REGISTRATION FORM

|                        |                   |             |
|------------------------|-------------------|-------------|
| FORM RECEIVING DATE :  | BRANCH CODE :     | CLIENT CODE |
| ACCOUNT OPENING DATE : | RL/TL             |             |
|                        | SUB BRANCH CODE : |             |

| I.  | CHECKING DETAILS  | YES   | REMARKS |
|-----|---|---|---------|
| a)  | Name as it appears on the ID & Address Proof (in capital letter)  |   |         |
| b)  | E-mail ID   |   |         |
| c)  | Mobile No.  |   |         |
| d)  | Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>  |   |         |
| e)  | Signature Checked and Verified.   |   |         |
| f)  | Photograph (duly signed) <input type="checkbox"/>   |   |         |
| g)  | A copy of PAN Card (Self Attested) <input type="checkbox"/>   |   |         |
| h)  | Address Proof (Self Attested) <input type="checkbox"/>  |   |         |
| i)  | Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>  |   |         |
| j)  | Stamp Paper : <input type="checkbox"/>  |   |         |
| k)  | Exchange given : <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> MCX <input type="checkbox"/> NCDEX  |   |         |
| 2.  | <b>Telephonic confirmation of Particulars done</b><br>by _____ Date _____ Time _____ On Phone No. _____   |   |         |
| 3.  | <b>Details Punched in Computer by</b> _____   |   |         |
| 4.  | <b>Cross Checking done by</b> _____   |   |         |
| 5.  | <b>UCC UPLOADED :</b><br><input type="checkbox"/> NSE <input type="checkbox"/> BSE  | <input type="checkbox"/> ENTERED IN FORM DATA |         |
| 6.  | <b>INTERNET TRADING</b><br><input type="checkbox"/> Odin Diet <input type="checkbox"/> Web Trading  |   |         |
| 7.  | <b>Client Account Status Report issued by</b> _____   |   |         |
| 8.  | <b>Form Returned to Compliance by</b> _____ Date : _____ Time : _____   |   |         |
| 9.  | <b>Kit Dispatched on</b> _____ (Date) _____ <b>Pod No.</b> _____  |   |         |
| 10. | <b>KRA REGISTRATION DETAILS</b><br>If Client is already registered with KRA, please fill in below details :<br><input type="checkbox"/> NDML <input type="checkbox"/> CVL <input type="checkbox"/> KRA Modification (Please tick any one)<br>(Please furnished photocopy of KRA Registration letter)<br>KRA Registration No.: _____ Date of Registration: _____ |   |         |



[www.elitewealth.in](http://www.elitewealth.in)

## Elite Wealth Limited

**CIN: U74899HR1990PLC035764**

MEMBER : NATIONAL STOCK EXCHANGE OF INDIA LTD.

MEMBER : BSE LTD.

MEMBER : MULTI COMMODITY EXCHANGE OF INDIA LTD.

MEMBER : NATIONAL COMMODITY AND DERIVATIVES EXCHANGE LTD.

**SEBI REGN. NO. : INZ000186539**

**Membership No.:** NSE: 08051, BSE: 3162, MCX : 12325, NCDEX : 01075

AMFI Reg. No. ARN Code:13376,

POP Reg No.: 5000612.

DP : NATIONAL SECURITIES DEPOSITORY LTD.

SEBI REGN. NO. : NSDL (DP ID : IN 301670) IN-DP-133-2015

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

SEBI REGN. NO. : CDSL (DP ID : 12066800 ) IN-DP-133-2015